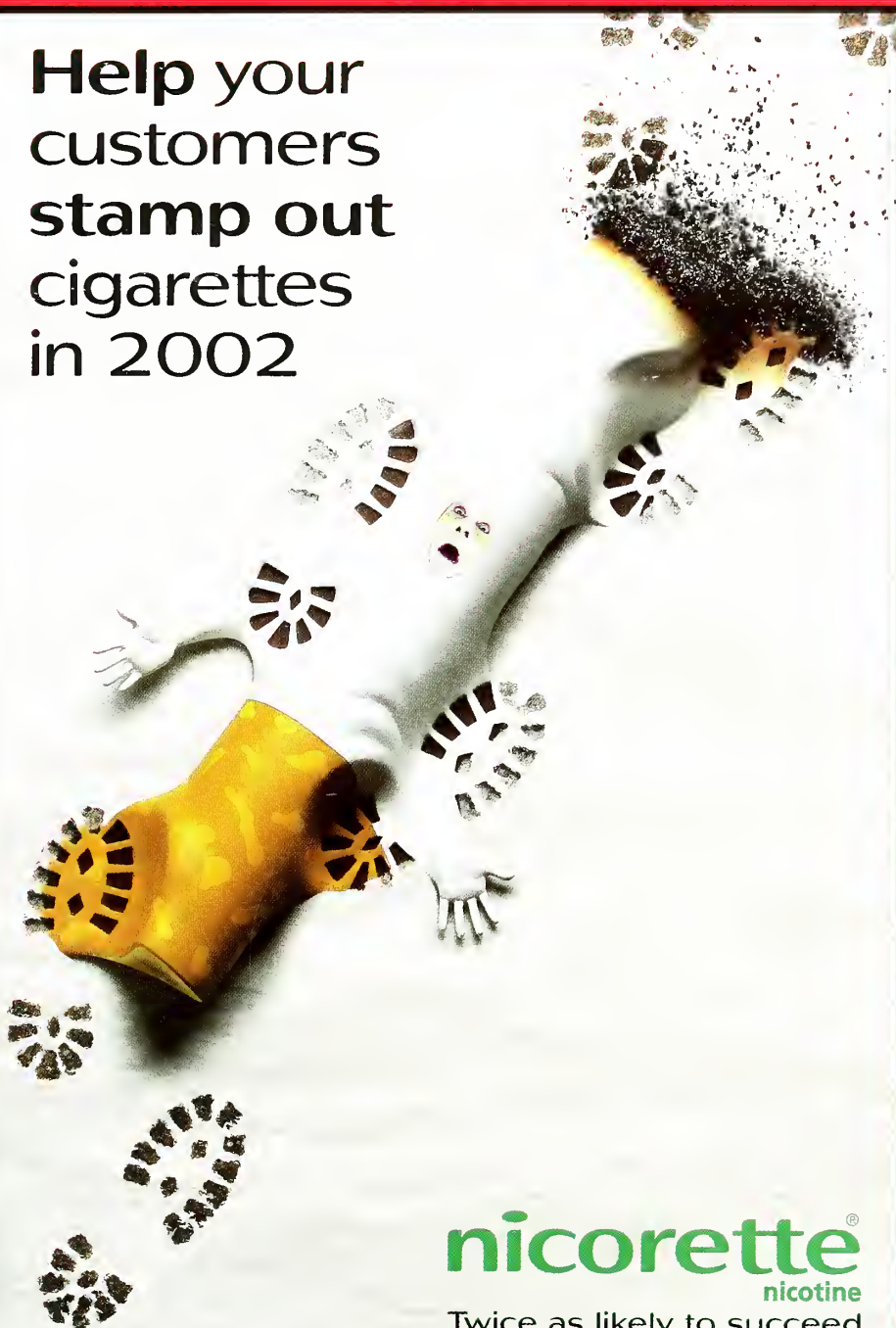




22/29 December 2001

**Help your
customers
stamp out
cigarettes
in 2002**



nicorette
nicotine
Twice as likely to succeed

NICORETTE GUM ABBREVIATED PRODUCT INFORMATION: Intended to help smokers who want to give up smoking but who experience difficulty in doing so owing to their dependence on nicotine. Legal Category: GSL. Product Licence Holder: Pharmacia Limited. Date of Preparation: November 2000. Further information is available from Pharmacia Limited, Davy Avenue, Milton Keynes, MK5 8PH, UK. Tel. 01908 661 101.

**RPSGB moves
to regulate
pharmacy staff**

**Standards for
Diabetes NSF
published**

**MCA plans to
'simplify' POM
to P process**

**GSK rations
stock abroad
to cut PIs**



There's chance of than Nic

Nicorette has been proven to offer smokers twice

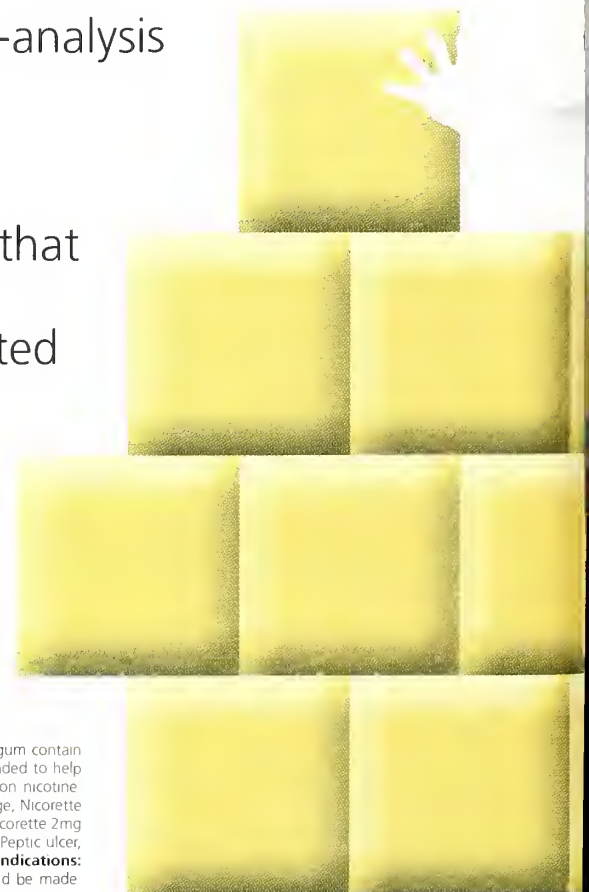
More importantly, there is no more effective form of NRT
than Nicorette Gum.¹

And our claim is based on a meta-analysis
of numerous gum trials.¹

But, the real proof lies in the fact that
over 52m people worldwide have trusted
Nicorette Gum to help them beat
cigarettes one at a time.²

You should know, from September

Nicorette Gum Abbreviated Prescribing Information. Presentation: Nicorette 4mg gum and Nicorette 2mg gum contain 4mg and 2mg of nicotine respectively in a chewing gum base. Original, Citrus or Mint flavour. **Indications:** Intended to help smokers who want to give up smoking but who experience difficulty in doing so owing to their dependence on nicotine. **Dosage & Administration:** Each piece should be chewed slowly for 30 minutes. After 3 months ad libitum dosage, Nicorette gum should be gradually withdrawn. Maximum recommended daily dose: Nicorette 4mg gum: 15 x 4mg pieces. Nicorette 2mg gum: 15 x 2mg pieces. Not to be used by people under age 18 unless recommended by a doctor. **Precautions:** Peptic ulcer, angina pectoris, recent myocardial infarction, serious cardiac arrhythmias, systemic hypertension, gastritis. **Contra-indications:** Pregnancy & Lactation. If the patient cannot give-up smoking without NRT then a risk/benefit assessment should be made.



no better of success cigarette.

the chance of success over willpower alone.

2000 to September 2001 you've sold twice as much
Nicorette Gum as any other NRT.³

With its unsurpassed efficacy, tried
and tested formulations and the widest
choice of flavours, no wonder Nicorette

Gum is still the UK's biggest single selling NRT
format in OTC. Make sure it's yours.

nicorette[®]
nicotine
Twice as likely to succeed

Special Warnings: Rarely dependence. **Adverse Effects:** Gums: Occasional hiccups, indigestion, hyper-salivation, throat irritation, allergy, mouth ulcers. **Pharmaceutical Precautions:** Store below 25°C. **Legal Category:** Nicorette 2mg gum & Nicorette 4mg gum, GSL. **Package Quantities & Cost** (all trade prices correct at time of printing) Gum boxes of 15 pieces, 30 pieces and 105 pieces, in blister strips of 15 pieces. Nicorette 4mg gum (PL00032/0249) (£2.11) (15), (£3.99) (30), (£10.83) (105) Nicorette 2mg gum (PL00032/0248) (£1.71) (15), (£3.25) (30), (£8.89) (105). **PL Holders:** Pharmacia Limited, Davy Avenue, Milton Keynes, MK5 8PH, UK. Tel: 01908 661101. **Date of preparation:** November 2001. **References:** 1. Silagy C et al. Nicotine replacement therapy for smoking cessation (Cochrane Review) In: The Cochrane Library, 2001, Issue 2, 1999. 2. Data on file. 3. IMS Pharmatrend.



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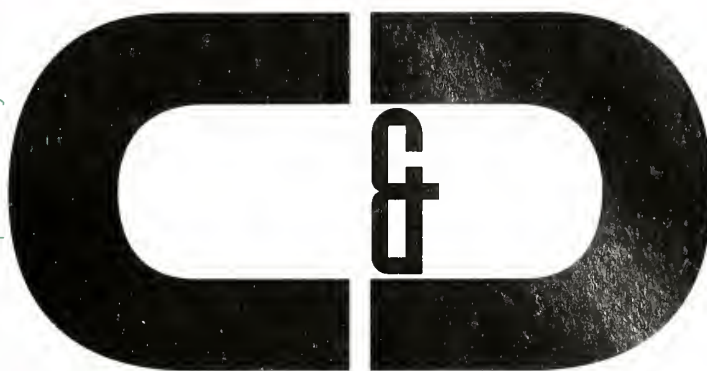


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MCA to simplify POM to P 8

The legal categories of medicine are likely to be classified by their market authorisation in future, says the MCA



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A new front has opened in the battle over Government policy, says Beverley Parkin, left, in *Lambeth Outlook*

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GlaxoSmithKline has written to wholesalers outlining plans to limit stocks of its products sold abroad in the New Year. The scheme will squeeze the supply of GSK parallel imports

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CMP

United Business Media

RPSGB

Society to regulate pharmacy staff

The Royal Pharmaceutical Society wants to be the regulatory body for all pharmacy support staff.

At its December meeting the Council rejected the idea of taking no action or only a limited role. Instead it argued that the risks of not taking up a full role in the mandatory registration of support staff would outweigh any disadvantages or difficulties.

It also rejected the option of maintaining interim lists of support staff holding recognised qualifications, as this was not believed to be workable or in the public interest.

Proposals on how to regulate support staff are being developed, prior to a "full consultation" with the profession and other interested parties. The Society said it had the support of the Guild of Healthcare Pharmacists, the Society's own Hospital Pharmacists' Group and the Association of Pharmacy Technicians.

There will be opposition. One view is that it will be difficult to represent the interests of both pharmacists and pharmacy technicians, when such interests may conflict from time to time. The National Pharmaceutical Association has also raised concerns over the training and registration of dispensing technicians, partly due to cost.

The Society wants the consultation to encompass areas such as the scope and precise definition of the regulatory role, training and accreditation, identification of potential conflicts of interest, infrastructure, and funding implications.

One area for debate will be the demonstration of competence by various members of staff. "It was considered that there would be risks inherent in focusing regulation only on qualified pharmacy technicians (S/NVQ level 3 or equivalent)," said the Society.

"In community pharmacies it was recognised there were relatively few support staff qualified to this level. Since the Government's agenda included the encouragement of career progression, the Council concluded that whatever steps were agreed should apply to all pharmacy support staff."

The Society points out that the debate over technician regulation is not new. In 1953 its annual general meeting rejected a scheme for the training, examination and supervision of pharmacy assistants. More recently, in 1999, it said there should be standard operating procedures for dispensing and minimum competence requirements for dispensary support staff in place by 2005.

This latest move is felt to be in line with the current mood in the Government and NHS over self-regulating professions and the delivery of clinical governance.

Season's greetings



C&D would like to wish all of our readers, subscribers, contributors, advertisers and friends a merry Christmas and a happy and prosperous New Year.

Instead of sending Christmas cards we will be making a contribution of £500 to the following charities: Great Ormond Street and the New York Disaster Fund.

SURVEY

Pharmacy numbers are stable

Pharmacy numbers in England and Wales have remained relatively stable over the past decade, although the independent sector is slowly losing its majority share.

Office of National Statistics figures show there were 10,471 community pharmacies registered in 2000-01 in England and Wales, compared to 10,472 in 1991-92. However, the proportion of independent pharmacies has fallen by 27.5 per cent. Independents now account for 52 per cent of community pharmacies.

Overall, the number of dispensing fees received by pharmacies has increased to 516.8 million, up from 412.8m. The annual average number of fees per pharmacy now stands at 53,655. Average net ingredient cost has increased by 55 per cent from £6.23 to £9.69.

For more information:

General Pharmaceutical Services in England and Wales 1991-92 to 2000-01. Department of Health.
www.doh.gov.uk/public/sb0134.
E-mail: doh@prologistics.co.uk

RPSGB

Prescribing due in 2003

The Department of Health hopes to see pharmacists engaged in supplementary prescribing in 2003, with regulations to be laid next year, health minister Hazel Blears told Marshall Davies, the Royal Pharmaceutical Society's president, last week.

The need to develop an appropriate health record for patients and the supporting IT infrastructure for pharmacists in primary care were highlighted by Mr Davies at the meeting with Ms Blears on December 12 (see C&D, Dec 15, p6).

On pharmacists' morale, Ms Blears said she was "aware of the feelings of chemist contractors" and despite the current difficulties, was confident that the profession shared the Government's desire to reward quality in healthcare.

Ms Blears said she would study workload trends "with interest".

EDUCATION

C&D launches interactive education service

C&D is launching an online continuing education service.

iCE (interactive Continuing Education) consists of a series of hour-long seminars on topics ranging from diabetes to Parkinson's disease.

The seminars, which are accredited by the College of Pharmacy Practice, all include a voiceover, interactive elements and an online examination. iCE is hosted on the new-look dotpharmacy at www.dotpharmacy.com.

Every registrant is given their own electronic learning file that records details of all the seminars they have studied. The file can also be used to record details of any other CPD activities.

Certificates are e-mailed directly to students on successful completion of each exam.

There are currently nine live seminars but there will be at least 30 by the end of next year. Passwords and user codes ensure that the system is secure.

The site will go live on January 4, but there is currently a free demonstration seminar available on dotpharmacy.

Pharmacists will be able to register and pay online for the service from January 4. A 12-month subscription to iCE costs £48.00.

Further information is available from Mary Prebble on 01732 377269.



First part of *Diabetes NSF* published

Standards for the *Diabetes National Service Framework* have been published for use in England.

Twelve standards cover nine areas:

- prevention of type 2 diabetes
- identification of people with diabetes
- empowering people with diabetes
- clinical care of adults
- clinical care of children and young people
- management of diabetic emergencies
- care of people with diabetes during hospital admission
- diabetes and pregnancy
- detection and management of long-term complications.

Next summer, the Department will publish the second part of the *NSF*, the delivery strategy.

This month's standards make several recommendations for interventions by primary care professionals including pharmacists, and calls on NHS agencies and partners to include professionals in planning services.

Health professionals, particularly those working in primary care, should receive continuing education about:

- the risk factors for diabetes
- the potential for preventing diabetes through the modification of these risk factors
- interventions that are effective in preventing, treating and managing overweight and obesity, and increasing physical activity.

The NHS will also need to set up and monitor protocols for the initial assessment and care of people presenting with diabetes.

"These should be implemented in all healthcare settings where people with newly diagnosed diabetes may present," it said.

The Royal Pharmaceutical Society welcomed the launch. It has developed two sets of practice guidance for pharmacists on diabetes care to complement the *NSF* standards.

They are available from the Society's Practice Division on 09210 7572 2412 or by e-mailing acauning@rpsgb.org.uk.

For more information:

www.doh.gov.uk/nsf/diabetes



If you hadn't already noticed, it's Christmas. Looking especially festive is the Hadlow Pharmacy, owned by Chris Nicholls, which is near Tonbridge, Kent, a few miles from C&D's offices

Miraculous turnaround for Society candidates under the mistletoe

Pharmacists appear extremely keen for a kiss under the mistletoe, as the response to this week's questionnaire on *dotpharmacy* reached unprecedented levels.

Last week we asked: "Which of pharmacy's leading lights would you like to meet under the mistletoe?"

Early on, NPA chief executive

John D'Arcy seemed virtually unbeatable. But the mistletoe challenge soon developed into a neck-and-neck race between Mr D'Arcy and Sue Sharpe, his PSNC counterpart. On Friday afternoon Mrs Sharpe had edged ahead (38 per cent), with Mr D'Arcy on 33 per cent.

The two Society candidates, vice-president Gill Hawksworth and president Marshall Davies lagged behind on 21 per cent and 8 per cent respectively.

But over the weekend a miraculous turn-around of fortunes took place and Mr Davies suddenly found himself in the lead with 41 per cent, followed by Mrs Hawksworth on 26 per cent.

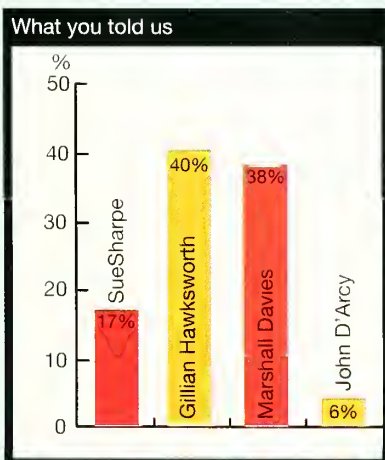
As we went to press, Mrs H had edged ahead in a narrow victory, so becomes the 2001 Mistletoe Queen. Whether Society staff were instructed to visit *dotpharmacy*, only Santa knows, but Mrs H, pucker up.

Questiontime

The poll is taking a rest over the Christmas period and will resume again on January 2.

Last week we asked you: Which of pharmacy's leading lights would you like to meet under the mistletoe?

- Sue Sharpe ● Gillian Hawksworth ● Marshall Davies ● John D'Arcy



Lambeth OUTLOOK

The gloves are off again

The Royal Pharmaceutical Society's director of public affairs, Beverley Parkin, offers some guidance to Tony Blair and Gordon Brown

The battle continues, and only the backdrop changes. Until recently the big fight seemed far away: now the two sides are coming to blows closer to home in an unusual war, fought largely through proxies. Yes, Gordon Brown and Tony Blair are at each other's throats again.

As the introduction of the Euro gets closer, a new front has opened in the long-running battle for control of Government policy. Healthcare and, more importantly, NHS funding, appears to be the new rift in relations between 10 and 11 Downing Street.

In October I wrote of a leaked Treasury review document that said that the NHS needed more cash, and that tax rises, apparently, had not been ruled out. The review, now published, by ex-NatWest bank boss Derek Wanless, was perhaps the opening shot in the new policy war. The political battle is not really about how much more money is needed but about how to fund healthcare in the longer term.

Readers may remember how all this started when, 18 months ago, Tony Blair said he wanted to see UK health spending rise to European average levels by 2005. The prudent Mr Brown was allegedly outraged by the PM's commitment but, so far, the cost of this commitment is not clear.

Identifying the source of new funding poses a problem. The Health Secretary, Alan Milburn, is thought to favour "hypothecation" – earmarking certain taxes exclusively for the NHS. Mr Brown doesn't want his hands tied by such a strict mechanism. Mr Blair probably quite likes the hypothecation idea but is also keen on involving the private sector and private capital more directly in service provision.

Mr Brown – through his reviewer, Mr Wanless – believes that the state-run NHS is the only viable service provision and that it should be funded from general taxation. Mr Blair apparently wants extra cash now to stimulate



and ease NHS reform and to deliver rapid change. Mr Brown may prefer a slower pace, believing in modernisation first, money second.

It is hard to disagree with the Iron Chancellor. After all, he utterly dominates economic policy and has total control over the purse strings. But it is also hard to avoid the direct wishes of a Prime Minister at the height of his political powers. Step forward, then, Alan Milburn. He now has the two titans of Government clashing above his head. He is steadily implementing reforms. However, he faces pressures from Tony Blair's new "delivery unit" to move ever more quickly and with ever less caution.

A brave heart and a fierce determination could see Mr Milburn triumph over both his masters and find his own third way. As an ambitious and talented politician, he certainly intends to advance to bigger and better commissions – if he can ever fight his way out of this trench. He'll have been annoyed, then, by another recent story focusing on the Blair/Brown axis.

Mr Blair has ushered in, for good or ill, a new era of personality-dominated politics. A small group of senior politicians live a high-profile political existence. When you're out of sight, you're out of mind, and then you might be gone altogether. How hard it must be, then, for Mr Milburn to battle the big guns when a recent poll revealed that less than one voter in five knew who he was.

MEDICINES

MCA to simplify reclassification

Medicines which are legally categorised as such are likely to be classified by their market authorisation rather than be dependent on the active substance classification, as at present

In a consultation letter, *MLX 279*, dated December 7, the Medicines Control Agency says that the reclassification procedure for Prescription Only Medicine to Pharmacy medicine or General Sale List status should be simplified. Including the legal category in the market authorisation would remove the need to amend legislation by statutory instrument, it adds.

Instead of applying to the drug, the change in legal category would apply only to the product that is subject of the application for switching. All other products containing the same active ingredient(s) would have to make separate applications, with full data, if they

were to be reclassified. It is anticipated that the changes in procedure would be in force from April 2002.

The MCA says the proposals are in line with the Government's NHS Plan commitment to have a wider range of over the counter medicines available from next year. It has been working with the Proprietary Association of Great Britain and the Association of the British Pharmaceutical Industry, as well as the Royal Pharmaceutical Society, the Royal College of General Practitioners and the patients' group, the Long Term Medical Conditions Alliance.

Comments should be sent to arrive by February 8, 2002, to Tricia Griffiths, MCA, Room 14-110 Market Towers, 1 Nine Elms Lane, London SW8 5NQ.

For more information:
www.mca.gov.uk

PRACTICE

Responding to symptoms

The latest edition of *Symptoms in the Pharmacy*, which includes a new section on emergency hormonal contraception, has been published by Blackwell Science.

Medicines recently switched from Prescription Only to Pharmacy status and information on interactions involving

St John's Wort are included.

The authors are Alison Blenkinsopp and Paul Paxton.

For more information:
Price: £24.95
ISBN: 0632 059060
Blackwell Science
E-mail: medirect@blacksci.co.uk
Tel: 01865 206233.

BPSA

Students plan 60th anniversary celebrations

The British Pharmaceutical Students' Association is planning a 60th anniversary exhibition and ball for its conference before Easter.

In particular, the executive wants to hear from anyone who has been involved with the BPSA over the past 60 years or who would like to come along and join in the celebrations, which will take place at the University of Strathclyde in Glasgow. The conference starts on March 22

and culminates with the exhibition on the BPSA's history on March 28, Good Friday. The ball will be held in the evening.

Anyone who has any items of BPSA history, including old event programmes, t-shirts, pictures or stories, which could be lent for the exhibition, should contact either: Jo Hallett at 7 Twyford Close, Swinton, Mexborough, South Yorkshire S64 8UH; or Rebecca Clark at rebeccadclark@hotmail.com.

BUTTT KICKER

New NiQuitin CQ 4mg Lozenges offer unsurpassed NRT quit rates

When your customers want to quit once and for all, you might be their best chance.

For those who normally smoke within 30 minutes of waking, a recommendation for new NiQuitin CQ 4mg Lozenges can triple their chances of quitting compared with placebo.

What's more, success rates with good compliance can be over five times greater than with placebo.^{1*}

With NiQuitin CQ 4mg Lozenges you offer a success rate unsurpassed by any other form of NRT.^{1,2}

End of story.

*Measured at 6 weeks, users taking more than the median dose (8.2 4mg Lozenges per day) during the first two weeks of treatment.



NiQuitin CQ™ 2mg Lozenge
available for those who smoke
after 30 minutes of waking

Help bring smoking to a full stop

NiQuitin CQ Lozenge Product Information. Presentation: White, round lozenge, available in two strengths: NiQuitin CQ 2mg Lozenge containing 2mg nicotine (as 11.1mg nicotine polacrilex) marked NL2 on one side and NiQuitin CQ 4mg Lozenge containing 4mg nicotine (as 22.2mg nicotine polacrilex) marked NL4 on one side. Indications: Relief of nicotine withdrawal symptoms, including craving, associated with smoking cessation. If possible, use with a stop-smoking behavioural support programme. Dosage and administration: Adults: Users must stop smoking completely. NiQuitin CQ 2mg Lozenges are suitable for those who smoke 30+ mins after waking and NiQuitin CQ 4mg Lozenges are suitable for those who smoke within 30 mins of waking. Treatment is in 3 steps. Step 1 (weeks 1 to 6), start with 1 lozenge every 1 to 2 hours. Step 2 (weeks 7 to 9), step down to 1 lozenge every 2 to 4 hours. Step 3 (weeks 10 to 12), step down to 1 lozenge every 4 to 8 hours. Over the next 12 weeks, use 1 to 2 lozenges per day only on occasions when strongly tempted to smoke. During weeks 1 to 6 it is recommended that users take a minimum of 9 lozenges per day. Users should not exceed 15 lozenges per day. Do not use for more than 24 weeks (6 months); if users still feel the need for treatment, they should consult a physician. Place 1 lozenge in the mouth and allow to dissolve. Periodically move the lozenge from side to side in the mouth until completely dissolved (approximately 20–30 minutes). Do not chew or swallow whole. Do not eat or drink while a lozenge is in the mouth. Contraindications: Use by non-smokers, children and adolescents under 18. Those with: phenylketonuria, recent heart attack or stroke, severe irregular heartbeat, unstable or worsening angina, resting angina. Hypersensitivity to nicotine or any of the ingredients. Precautions: Use only on doctors' advice if the user has hypertension, peptic ulcer, severe kidney or liver impairment, pheochromocytoma, hyperthyroidism, diabetes, cardiovascular disease (e.g. heart failure, stable angina, cerebrovascular disease, vasospastic diseases, occlusive peripheral arterial disease). For sufferers of phenylketonuria – contains aspartame which metabolises to phenylalanine. For those on a low sodium diet – each dose contains 15mg sodium. Users with active oesophagitis, oral or pharyngeal inflammation, gastritis or peptic ulcer may experience symptom exacerbation.

No known effects on ability to drive but smoking cessation itself can cause behavioural changes. Interactions: Concomitant medication may need dose adjustment; caffeine, theophylline, imipramine, pentazocine, phenacetin, phenylbutazone, insulin, tacrine, clomipramine, olanzapine, flvoxamine, flecainide and adrenergic blockers (e.g. propranolol) may need dose decrease; adrenergic agonists (e.g. salbutamol) may need dose increase. Propoxyphene, frusemide and H₂-antagonists may also require dosage adjustment as smoking may alter their effects. Side effects: Adverse reactions may be similar to those caused by the effects of nicotine which are dose dependent, or from smoking cessation. Headache, dizziness, mood swings, irritability, anxiety and insomnia can occur, and may also be due to nicotine withdrawal. Commonly reported adverse events include nausea, vomiting, dyspepsia, hiccup, flatulence, diarrhoea, constipation, appetite changes, mouth irritation/ulceration, pharyngitis, coughing, wakefulness. Uncommon adverse events include general malaise, skin rashes, itching, sweating, gingival or nose bleed, palpitations, tachycardia, chest pain, flushing, nasal or throat irritation, chest infection, dyspnoea, asthma exacerbation, taste disturbance, halitosis, gagging, lip soreness or ulceration, tooth jaw ache, oesophageal reflux, peptic ulcer, abdominal cramps, excessive thirst, nocturia, lightheadedness, nightmares, restlessness, migraine, convulsions, sensory disturbance, unconsciousness. Pregnancy and lactation including trying to become pregnant: Pregnant or nursing women should be advised not to try to give up smoking without nicotine replacement therapy, but should this fail, a medical assessment of the risk/benefit should be made. Legal category: P. Product licence number: NiQuitin CQ 2mg Lozenge PL 00079/0369, NiQuitin CQ 4mg Lozenge PL 00079/0370. Product licence holder: GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. Pack size and RSP: 30 x 4mg Lozenges £17.49. Date of last revision: September 2001. NiQuitin CQ is a registered trademark of the GlaxoSmithKline Group of Companies. References: 1. Data on file, GlaxoSmithKline, 2000. 2. Hays, C. M., D. G. G. et al. Nicotine replacement therapy for smoking cessation (Cochrane Review). In: The Cochrane Library, Issue 1, 2001. Oxford: Update Software.



CAN CUT THE LENGTH OF A COL



Your typical Cold and Flu remedies provide short-term symptom relief but do nothing to shorten your customers' suffering. Now, with new Benylin Active Response, you can recommend that your customers manage their colds in a completely different way. Whilst Benylin Active Response is not the first product to contain Echinacea, ours is most definitely not just "any Echinacea." Only Benylin Active Response features a specific part of the Echinacea purpurea plant and a particular process that results in a pressed juice that has been demonstrated in a double-blind, placebo-controlled clinical trial to reduce the average duration of colds from 8 to 4 days. Recommend new Benylin Active Response to get them back on their feet.

Benylin

Contains Echinacea Purpurea

Presentation: 100g oral solution contains 2.34g Dried pressed juice from fresh flowering Echinacea purpurea herba. **Uses:** For the supportive treatment of recurrent infections of the upper respiratory tract (e.g. cough and cold). **Dosage:** Adults over 12 years: 5ml three times daily, children 6-12 years: 5ml twice daily, children 2-5 years: 2.5ml three times daily. **Contra-indications:** Hypersensitivity to any of the ingredients or to plants of the Compositae family. Do not use in progressive systemic diseases such as tuberculosis, leukaemia, collagenosis, multiple sclerosis, other autoimmune diseases, or in AIDS or HIV infections. **Side and adverse effects:** Rarely, hypersensitivity. **RRP:** 75ml £4.29 (ex VAT £3.65). **Legal category:** GSL. **PL holder:** Madoc AG, Ostmerheimer Str. 198, D-51109 Cologne. **Further information available from:** Warner-Lambert Consumer Healthcare, Eastleigh, SO53 3ZQ. **PL no:** 04638/0011. **Date of preparation:** July 2001.

Pfizer

POLITICS

Audit Commission says pharmacy has vital role

Pharmacists must have a central role in managing medicines, redesigning services around patients' needs and in ensuring the optimal use of medicines, according to the Audit Commission.

Pharmacy services need to be seen as a core clinical function and not as a technical support service, says the Commission in its report *A Spoonful of Sugar – Medicines Management in NHS Hospitals*, released this week.

The report seeks to place medicines management at the heart of trusts' clinical governance responsibilities and wants active involvement from pharmacy services.

"There is a tendency to regard pharmacy merely as another support service, rather than one that is absolutely vital to the quality of patient care," says the report.

Medicines management is fundamental to delivering the

NHS Plan and Improving Health in Wales, says the Commission.

Clinical pharmacy activities should be extended to include prescribing, taking medication histories and writing discharge prescriptions, as investment in clinical pharmacy will improve patient care and reduce costs.

The Commission also calls for automated dispensing, outsourcing of manufacturing and redesigning jobs to focus on clinical pharmacy as ways to tackle pharmacist shortages. It recommends that the Royal Pharmaceutical Society should consider introducing formal registration of hospital technicians.

Attitudes need to change within the profession to remove the "inherent conservatism", says the report. It calls on the Society to "review the adequacy of its current support for hospital pharmacists' education, training and its workforce planning arrangements".

Marshall Davies, president of the Royal Pharmaceutical Society, welcomed the report because it "recognises that hospital pharmacists play an important, multifaceted role in delivering effective medicines management".

● Coinciding with the Audit Commission's report, the Pharmacy Practice Research Trust has announced its programme of research – *Medicines and People* – which will address key issues relating to patient safety and the effective use of medicines. The Trust will launch a campaign in 2002 to raise the estimated £10 million needed to fund the 10-year programme.

The Society currently provides core funding for the Trust as part of its investment in practice research.

For more information:

Audit Commission Publications
Tel: 0800 502030.

MEDICINES

MCA asks for Kava-kava withdrawal

Retailers of the herbal product kava-kava, *Piper methysticum*, have been asked to withdraw it from sale while the Medicines Control Agency looks into its safety profile.

The MCA has written to manufacturers and retailers following the proposed withdrawal of the product in Germany due to concerns over its potential to cause

liver failure. There has been a report of one death and four liver transplants due to the herb.

Several major European and UK manufacturers and distributors of licensed products containing kava-kava have already withdrawn their products.

The MCA said that patients who are taking the product should

be able to stop immediately without any adverse effects.

The National Pharmaceutical Association is asking its members to take part in the voluntary withdrawal scheme until the investigation is concluded.

It is believed Boots The Chemists withdrew products containing kava-kava last week.

IT

ETP only the first step

E-prescribing will bring significant benefits for everyone, according to Chris Town, chief executive of North Peterborough Primary Care Trust.

Speaking at the All Party Pharmacy Group meeting, Mr Town added that the electronic transfer of prescriptions should only be regarded as a first step and that the real benefits would come later in repeat dispensing and medicines management.

If all ETP achieved was an electronic version of the paper prescription, it was only a short-term measure.

"If we want to get the real benefits from this we have got to get on with it. Yes, we have to test the technology and security but we need to get on with the second phase," he said.

Mr Town believes that ETP will not necessarily increase pharmacist's workload, but shift the balance towards the clinical side.

Marshall Davies, the Royal Pharmaceutical Society's president, warned that, if the potential benefits of ETP were to be realised, the system would have to be more

sophisticated than the ones being piloted.

Concerns were also raised that ETP would allow patients to bypass pharmacies and order their medication elsewhere.

Richard Tiner, the Association of the British Pharmaceutical Industry's medical director, said that, while there was an assumption that prescriptions would go to a pharmacy, one had to recognise that with increased patient choice the prescription could go to a distribution warehouse or mail order company.

PHS&C

Expenses system challenged

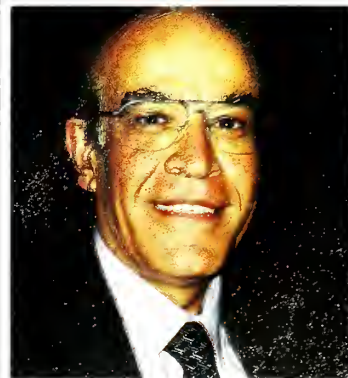
Council member Ashwin Tanna has challenged the Royal Pharmaceutical Society's system of reimbursing members for locum expenses.

At the December Council meeting, Mr Tanna presented a motion stating: "Any Council member who is an employee of a body corporate, whether of his own body corporate or a multiple, should not be allowed to claim locum expenses. However, if an employee is not entitled to payment because of his contractual obligation for time taken off to attend Council meetings, he should be allowed to claim locum expenses with a receipt."

He argued that a Council member who was an employee of his own pharmacy company was allowed to claim reimbursement of locum expenses as if he were an independent proprietor. But other employee pharmacists could not claim locum expenses, even if they had to pay for their own locum cover from their own pockets.

Mr Tanna met to discuss the matter with secretary and registrar Ann Lewis. She pointed out that the Society's bylaw on Council members' expenses and locum fees had been agreed after more than two years' discussion with the Department of Health. The principle agreed for locum expenses was that it should be a reimbursable business expense incurred personally by a Council member to ensure compliance with the Medicines Act.

Miss Lewis has written to the Department of Health, but has not yet received a reply. The Council agreed to wait until the Department responded before considering the motion further.



Ashwin Tanna: talked to Ann Lewis about locum expenses

GSK to block parallel imports

GlaxoSmithKline will introduce a scheme in the New Year to squeeze the supply of GSK parallel imports into the UK.

Christopher Viehbacher, GSK's president of pharmaceuticals in Europe, recently wrote to UK wholesalers outlining its plans:

"As part of the ongoing integration process within GlaxoSmithKline, most of our local affiliates in the European Economic Area are today notifying wholesalers and pharmacy buying groups in the countries concerned of a new system of supply for certain of our products. I thought it useful to keep you informed, since your affiliates in the EEA may also be receiving notifications from GSK companies in the EEA.

"This system will be implemented with effect on January 1, 2002 initially for three months and then on a three month basis in the future and will result in a maximum quantity being supplied by GlaxoSmithKline companies to all wholesalers and pharmacist buying groups for these products.

"Please note that this is a unilateral system, which is being adopted by the GSK Group to

apply on a similar basis to your affiliates and other customers in a similar situation. Your affiliates will remain of course free to resell the quantities being purchased by them from GSK wherever they choose in the EEA."

While the letter does not refer to parallel imports, the inference is clearly that the companies will only be able to buy enough quantities of GSK products to suit their domestic needs.

Parallel imports have been a thorn in the then Glaxo Wellcome's side for years. GW tried to stem the PI tide in Spain by introducing a dual pricing structure in March 1998, but the company was forced to drop the scheme after the European Commission said it contravened EU competition rules.

GSK this week refused to comment on the letter because it said matters relating to its clients were confidential.

UK wholesalers would not comment on the letter. But Michael Watts, executive director of the British Association of Pharmaceutical Wholesalers, said, "he was surprised by GSK's move. 'It's surely as illegal as dual

pricing was in Spain. If it takes the [European] Commissioners as long to grasp the nettle [and deal with the new scheme], as it did with dual pricing, we're in for significant price increases for years."

Pharmacists, he added, would feel the brunt of the effects – they would obviously not be able to buy as many GSK PIs as before; and many brand equalisation deals could also dry up because these are partly designed to combat PIs.

John D'Arcy, the National Pharmaceutical Association's chief executive, said it would be difficult to gauge the impact of the scheme because GSK has not said how many products wholesalers/buying groups abroad would be able to buy. "We need to monitor that – we'd be very concerned if there was a [resulting] problem in supply for pharmacists [in the UK]," he said.

Some observers feel parallel importers will soon launch a legal challenge to the scheme on the grounds that it could contravene EU rules on free trade. GSK has given details of the scheme to the European Commission, which has not yet responded.

Alpharma has new vice-president



Torben Laursen will succeed David Green as Alpharma's European vice-president (sales & marketing, finished products) on January 1 2002.

Mr Green retires after 28 years with Alpharma (formerly Cox Pharmaceuticals), during which he oversaw the merger between Cox and Alpharma and the subsequent re-branding earlier this year. Mr Laursen joined Alpharma in 1999 and is currently its vice-president (new products), based in Copenhagen.

AAH updates Linkscripts system

AAH Pharmaceuticals is launching an updated version of its pharmacy dispensary management system – LINKScript2.

The upgraded version will run on Windows 2000 and is said to be considerably faster than its predecessor.

Pharmacists will also be given the option of upgrading the hardware when they renew their LINKScript subscription.

Launch delay for Enigma

Enigma Health, which is 60 per cent owned by UniChem, is gearing up for a January launch, three months later than expected.

Michael Major, Enigma's chief executive, refused to comment on any problems that may have occurred, or the development cost.

He said there was no benchmark to determine whether the development of the new Mediphase system had been flawed.

Industry sources have suggested that the spiralling cost of developing Mediphase may have contributed to UniChem's decision to withdraw from TranScript (see C&D December 15, p14).

Meanwhile, Mr Major insisted that the new Mediphase system would be very innovative.



The first few hundred Pfizer employees have moved into the company's new headquarters in Walton-on-the-Hill, near Tadworth in Surrey. Around 800 staff will eventually be based at the premises, which are part of a 250-acre site. Highlight of the £75 million site is the "street", which houses a staff shop, deli-bar and restaurant. Pfizer has donated a further 70 acres, which are classified as a site of special scientific interest (SSSI) and known as Dawcombe Nature Reserve, to the Surrey Wildlife Trust

AZ sales move to new premises

AstraZeneca's sales and marketing office has moved to new premises.

The new contact details are: AstraZeneca UK Ltd, Horizon Place, 600 Capability Green, Luton, LU1 3LU. Tel: 01582-836836 (direct line to medical information department) or 0800-7830033. The office will be closed from 4 pm on December 21 until Wednesday January 2 2002. There will be emergency cover during that period between 9am and 4pm except for Christmas Day and Boxing Day.

Mediphase number to change

From December 28 the helpline number for Mediphase will change to 0208-864 3060.

References: 1. Data on file, GlaxoSmithKline, 2000. 2. Silagy C, Marit D, Fowler G, et al. Nicotine replacement therapy for smoking cessation (Cochrane Review). In: The Cochrane Library, issue 1, 2001. Oxford: Update Software.

Comment

from the Editor



It is not only Stephen Byers who might be accused of “doing the business” when people have their attention focused elsewhere. In the week before Christmas the Royal Pharmaceutical Society has broken the news that it plans to make itself the mandatory regulatory body for all pharmacy support staff (P6). The Medicines Control Agency has announced it is overhauling its “POM to P to GSL” switch procedures in a commercially interesting fashion (P8). And GSK has written to customers across Europe announcing that it will be supplying “maximum quantities” to wholesalers and buying groups (P12), presumably in a bid to control parallel imports as it introduces its +Plus scheme on January 1 (P28). So it looks like being an interesting Christmas for community pharmacists, manufacturers and wholesalers, who will have time to digest the implications of these announcements.

The first year of the new millennium has not been a comfortable one for community pharmacy. *Pharmacy in the Future* continues to hold promise for the years ahead, but what

pharmacists could do without are the wild cards – generic inquiries, OFT studies, pay impositions et al – which sidetrack resources and shift focus from long term objectives.

Let's be optimistic: 2002 will be better. Pharmacy will continue to move towards achieving some of its strategic goals. Pay issues will be properly resolved. Pharmacy owners will see the uncertainties which have dogged businesses this year disappear and will be able to plan investment in staff and facilities. Public and NHS recognition of the role that pharmacists play in the supply and management of medicines usage will continue to grow.

Happy Christmas, and may 2002 be a prosperous year.

**So it looks like
being an interesting
Christmas for
community
pharmacists**

Your views

N Ireland GP Ian Banks looks at plans to cut waiting lists by shipping patients abroad

Piles in Paris beat warts in Wigan any day

Getting a holiday on the NHS is not a common event, so the Government's much publicised initiative to send patients travelling to “somewhere in Europe” for medical treatment at the taxpayer's expense is a tad controversial.

That is, unless you happen to have had your triple heart bypass operation cancelled for the third time. And whichever way you slice it, getting your hip replacement done in Hamburg or your piles removed in Paris certainly sounds more attractive than getting your warts burned off in Wigan.

If the recent statistics on European healthcare are anything to go by, it will probably be a lot safer too. For almost every outcome parameter, the NHS comes bottom of the EU table of excellence.

The reason for the exodus from the UK is not to ensure better treatment, but rather a belated recognition of the lack of doctors



The Costa del NHS: get your hip replaced then convalesce on the beach

and nurses (and pharmacists) in our healthcare institutions. In a sense it is an amazing piece of lateral thinking, not least because the contract with the non-UK hospitals stipulates that patients must not return until they are “fit and well”.

As many of our patients come out of hospital sicker than they went in, this is a major incentive. France and Germany are to receive the bulk of UK patients, which is

a relief as use of poorer countries, less able to spare their health service resources equates to repeating the 1960s theft of doctors from countries such as India, Pakistan and Bangladesh to support an ailing NHS.

It also raises the whole question of optimum use of money to effect the best treatment. Medicine has always had to taste awful to do any good. Children's medicines are fine if they tastes less like skunk's

expectorate as they don't know what's best for them anyway. Adults, on the other hand, need medicines of mass destruction when it comes to taste buds before they are convinced of their efficacy.

This basic maxim is extrapolated upward to the health department which still considers cannabis an unsuitable treatment for terminal illness because people should not be allowed to smile as they die. Why don't we, for instance, send older people at risk from the winter weather off to sunny Spain, thus avoiding the fractured hips, chest infections and lack of vitamin D which can be the last straw?

I suspect the saving in cost of a single hip replacement would more than pay for a street worth of older people basking in sunshine during the sunset of their lives. Better still, ship us GPs out there as well.

INDUSTRY VIEWPOINT

The power of positive thought

"Community pharmacy is in financial crisis," Health Minister Hazel Blears was told in a keynote speech by NPA chairman Gerald Alexander at the Association's triennial dinner recently. One can only wonder what impression this statement and the supporting rationale made on the Minister and her advisers as they continue to evaluate the role of community pharmacy in the New NHS.

Why do the thought leaders of the profession always choose to convey such a negative perception of pharmacy and its financial status?

The civil servants at the Department of Health must read the annual reports from Alliance UniChem, Phoenix, Gehe and Numark and know full well that most UK community pharmacies are in a positive financial position and weathering the retail environment remarkably well.

Indeed, many of the issues raised by Mr Alexander, especially the removal of RPM and the

Why do leaders of the profession always convey such a negative perception of pharmacy and its financial status?

review of the control of entry regulations, have already received a positive response from many leading players within pharmacy.

Perhaps Mr Alexander should have said: "Community pharmacy is performing remarkably well in the current challenging UK retail environment and is in an ideal position to play a leading role in the provision of primary care in the New NHS."

"The NPA is eager to participate in dialogue with the Government to ensure we achieve the best deal possible for patients, pharmacists and the NHS."

Perhaps the power of positive thinking has not have passed pharmacy by.

Contributed by a senior industry manager

TOPICAL REFLECTIONS

When European harmonisation does not deliver

The case of the 12 plane spotters kept for five weeks in a Greek jail has highlighted the political differences that still exist between countries of the EU. When it comes to professional attitudes, though, equality should reign supreme.

So, when an English-speaking Greek pharmacist registers in the UK and applies to me to work as a pharmacist, surely I should have no reason to question that his ethics and approach to practice will be any different to my own.

However, the case of a young lady who recently asked me for more information on the drugs sold to her for acne by a Greek community pharmacist, made me wonder. She spoke no Greek and he little English, but the acne was severe so she was sold 30

capsules of Roaccutan 10mg, with no questions asked or warnings given. The packet was clearly marked "pregnancy forbidden" and "Prescription Only Medicine", both in English, but the enclosed extensive patient information leaflet was in Greek.

I quote from the BNF: "Isotretinoin is a toxic drug that should be prescribed only by, or under the supervision of, a consultant dermatologist." In Greece it was sold by a community pharmacist to a young lady of childbearing age who spoke no Greek. The consequences could have been disastrous.

A one-off case? Or an irreconcilable difference of attitude that means that more work needs to be done before true reciprocity can exist between countries of the EU.

In case temptation should occur again...

The news that the Royal Pharmaceutical Society's museum is to remain open, although with a reduced level of activity, is indeed good news (*C&D* December 15, p8).

The museum is not just a nostalgic reminder of past practice but is also the trustee of the professional lives of many dedicated pharmacists. As such it should not be so casually disbanded in order to reduce financial pressure.

Council has given way to the inevitable, but in case the temptation should recur in the future, now is the time to debate the problem and seek a way of establishing the museum as a financially independent organisation.

Perhaps the majority, so vociferous in their support, should now be asked to match their rhetoric with the funds necessary to endow it in perpetuity?

What has happened to Christmas cheer?



Suddenly this week I was reminded that Christmas had arrived. Normally this event is heralded by an increase in commercial activity that requires no additional reminder. This year reality only dawned with the Editor's e-mail informing me of *C&D*'s printing arrangements over the festive season.

My commercial Christmas is dead. Gone are the heady days of sets piled to the ceiling, and businessmen in grey suits seeking perfumed forgiveness. Even the likeable drunk has been replaced by the lager lout who sends Dotty reaching instantly for the panic button.

In its place, politics dominates. To be informed of yet another pay imposition in December detracts considerably from the spirit of Christmas. Then, to make matters worse, the pages of the professional press have been full of heavyweight articles trying to make sense of the impending revolution that is supposed to herald a new dawn for community pharmacy.

Even the message from the chairman in the NPA's December *NPA Supplement* fails to acknowledge the advent of Christmas. A justified full page tirade denouncing the Government's attitude to community pharmacy but nowhere any mention of the good tidings that should at least be appended apologetically.

But I will not be down-hearted. Christmas itself is merely a preamble to the celebrations of the new year, and in the new year I always look forward with hope and optimism.

It's Christmas, the season of good cheer. For a few weeks forget RPM, OFT and LPS. Forget Hazel Blears, the Department of Health and impositions. For just a few brief days believe in Father Christmas, and a jolly Ho! Ho! Ho! to you all.

Was this pharmacy

The first year of the new millennium might not have been the best. How was it for you, asks **Charles Gladwin?**

The demise of resale price maintenance, enquiries into control of entry regulations, generic medicines and parallel imports, and a 10 per cent cut in pay for pharmacists in England – could it be any worse?

Actually yes. The workforce crisis intensified with the fallow year kicking in, computer errors threw Welsh contractor payments severely awry, and the discount clawback went up. There was also the prospect of generics clawbacks. So for many, this will be a year that saw several nails hammered into the business coffin.

Despite a heroic fight by the Community Pharmacy Action Group, supported magnificently by the industry, the RPM fight was finally ceded. The Judge had indicated he was not sure that all that many pharmacies would close, or that the public would necessarily suffer. However, market research company Verdict estimates about 600 pharmacies will close. Only time will tell.



Masks, leathers and legs

On looking back, for some reason the pictures we have accumulated in our files over the year have a predominance of alter egos. What might it all mean for pharmacy?



A startled looking Val Pirrie, who acts as PR for Numark, is caught climbing onto a table at Terry Norris's "retirement" do



Believe it or not, this fine pair of pins belongs to a Council member. Yes, somewhere in the UK one of the leaders of the profession appears to have a fishnet fetish. We will name no names - yet - but if you want to identify the owner submit fifty nicker in used notes. And if the subject of the photo wants to reclaim the negatives, well ...

'annus horribilis'?

One immediate response was for Boots to offer Nurofen on a three for two basis. Whoops! Perhaps there was a grain of comfort in the fact that the OFT failed in its attempt to recover some of its costs.

Since then, the supervision of pharmacy medicines has come under scrutiny with Numark, Moss Pharmacy and Lloydspharmacy all trialing self-selection of P medicines. And in Europe, the heat was turned up on direct to consumer advertising of medicines, with proposals coming from the Commission for a five-year experiment.

Financial issues reared their ugly heads at Lambeth with the Society setting a budget for next year, which, once approved by the Privy Council, saw membership fees increase by 31 per cent. A compromise has been reached on the Society's museum, which was threatened with closure. How prophetic were last year's concerns of "financial disarray"?

It wasn't very rosy, either, in the

pharmaceutical industry, with a heated animal rights campaign against Huntingdon Life Sciences regularly hitting the headlines. Scotia also entered troubled waters.

Napp was fined £3.2 million over its MST promotion, while vitamin producers, principally Roche (£286m) and BASF (£183m) had even bigger fines for entering into a price-fixing cartel arrangement which was not RPM. The right to appeal may yet be exercised.

The Glaxo agency scheme was replaced with a new system for the new GlaxoSmithKline company, celebrating its first birthday on December 27. Surprisingly, *Nrayser* gave a cautious welcome to +Plus, which must be better than GSK might have hoped, considering the amount of bashing the old agency scheme got. But *Nrayser* did add the caveat that only time would tell whether the new scheme will produce positive benefits for the average contractor.

Gehe saw a year of expansion – with interests acquired in Holland and Eire, while Alliance UniChem joined in the fun with Gehe championing at the bit for a relaxation of the pharmacy ownership rules in Norway. Boots pulled the plug on its Japanese joint venture. Superdrug acquired a new owner, the Dutch-based Kruidvat.

Nucare saw its own quiet revolution with an own-brands boost, while big boy Boots went digital with the launch of Wellbeing in conjunction with Granada. However, that project came to an end last month.

The National Service Framework for older people targeted medicines, and the NSF for coronary heart disease has seen an increase in the prescribing of statins (and a cut in pharmacists' pay with the increase in prescription volume). But how many people gave up waiting for the NSF on diabetes? Was the

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This shocking pair are not that shocking in reality. Indeed, removing the Edvard Munch Scream mask reveals Numark chairman Lord Fowler accompanied by Lady F

The launch of Condomi, a range of vegan condoms (and yes we had to ask too – apparently regular condoms incorporate milk-derived casein into the latex) meant the party hosts wore rubber and not leather. In the midst of the muscle and mountains are Kathryn Marsh, editor of the BPSA's *Future Pharmacist* magazine and C&D's Charles Gladwin



◀ Continued from page 17

delay due to the realisation that diabetes prescribing would be even more costly than for CHD?

Another casualty of higher than expected costs is the plan for pharmacists to supply gluten-free foods directly to patients.

Scheduled for a December 1 start, the scheme has been put back until spring 2002 (possibly) as there are concerns over the lack of thought given to the practicalities and costs of the anticipated scheme.

One Health Bill is now being enacted while its successor, which puts more of the *NHS Plan* and *Pharmacy in the Future* programme into action, has started its progress through parliament. How the professions will be regulated is still being decided, and as for local pharmaceutical services, the details have yet to emerge.

There have been a few silver linings. Last month, for example, after a surge in the number of violent raids against pharmacies, the Northern Ireland Department of Health announced funds to improve security in community pharmacies. And the Department of Health in England is stumping up money for both the PSNC

Ever in the lead – well, often – was Scotland, which saw the first electronic transmission of prescriptions

medicines management pilot and 26 of its own, with another tranche on the way.

Wales was given its own health plan at the beginning of the year, with pharmacy in a special role. There was a further boost with the announcement of its prescribing plans.

Ever in the lead – well, often – was Scotland, which saw the first electronic transmission of prescriptions pilot begin in Ayrshire. England finally settled on its three pilot groups and is in the throes of setting off on its own ETP pilots.

Education concerns were addressed with the multiples taking the plunge with continuing professional development programmes – well at least Boots launched “B”. The Pharmaceutical Society of Northern Ireland set a date to have mandatory CPD implemented, but in Lambeth the

RPSGB was still undecided as to when, how and in what form CPD would be achieved.

The new Code of Ethics was adopted, but only after a fight over the conscience clause. Never mind, Levonelle went OTC, but at a price. And the National Pharmaceutical Association announced its own five-year plan to review and renew its ways of working to improve the service it gives its members.

The profession commemorated the Royal Pharmaceutical Society in Scotland's sesquicentenary by bestowing an honorary membership on the Princess Royal.

Changes at the top included PSNC's Wally Dove and Steve Axon stepping down to be replaced by Sue Sharpe and Barry Andrews. And Dr Jim Smith took up the post of chief pharmaceutical officer almost a year after the vacancy had arisen.

Higher up the tree, Hazel Blears took over from Lord Hunt as minister with responsibility for pharmacy after the general election. It was a shame to see Susan Deacon move on from being health minister in the Scottish Executive, but her deputy, Malcolm Chisholm, has now taken over the reigns.

Closer to home, *C&D* had a redesign, and the magazine also hosted its first pharmacy student placement. Chemex had a successful start in its new home at ExCel in London's Docklands.

Another magazine also had fun and games, when the RPSGB had to organise a special general meeting to discuss the merits of appointing a non-pharmacist as editor of the *Pharmaceutical Journal*. The result was a pyrrhic victory, with the Society having its wrist slapped by a meagre 21 out of a 42,000 membership. What the civil servants across the water in Whitehall thought of the whole charade is not known.

Overall, then, and especially for those in the more enlightened Celtic parts of the country, the year was not quite as bad as recent events may suggest. Would it be fair to say then that 2001 was more of a curate's egg?

Is this a Blues Brothers tribute group, or have too many late nights meant the need for darkened glasses in a darkened room? Las Vegas played host to the Vantage convention as attended by *C&D* editor Patrick Grice and...



An early morning stroll, or rather an all night hike, for breast cancer charity Walk the Walk saw the RPSGB's legal team featuring Sue Sharpe (left) and Helen Darracott. Why the t-shirts? Well it was the Playtex Moonwalk as if that explains anything. Will Mrs Sharpe persuade her new chums at PSNC to join in next year?



Raising a few eyebrows at the BPC in Scotland was chief pharmacist Bill Scott (as opposed to Jim Englandd, Norman Irelandd and Carwen Waless). He suggested that primary care pharmacists may not be as popular as they think. The ensuing outrage forced Mr Scott to tell the YPG that he had been demonised by the press



In this season of festive cheer, *Hazel Watson*, professor of nursing, Department of Nursing and Community Health, Glasgow Caledonian University, outlines how pharmacists can help problem drinkers

When the party's over...

Alcohol is the most commonly abused substance in the world. It can induce feelings of wellbeing and, for many people, act as a social lubricant.

Reasonable alcohol use, under appropriate circumstances, can also be beneficial to physical wellbeing (*Klatsky 1999*). However, inappropriate use can lead to health, emotional and social problems. When mixed with human emotion, it can increase feelings of despair to the point of suicide.

In the UK nearly 40 per cent of men, and around 20 per cent of women regularly consume alcohol at levels exceeding the recommended weekly limit and these numbers are rising (*Department of Health, 1999*).

Excessive alcohol consumption is a risk factor in disorders of every one of the body's systems. Because of the widespread consequences, patients with alcohol-related health problems receive treatment in A&E departments and general hospital wards, as well as from specialist alcohol services.

Excessive drinkers present to GPs twice as often as "average" patients (*Hartz et al 1990, Dechan 1998*). Community pharmacists and those working with any of the above services are therefore likely to encounter people with alcohol problems.

Early alcohol-related problems include accidents associated with intoxication, ranging from relatively minor cuts and bruises, to major road traffic accidents. Gastritis, hypertension and insomnia are also considered to be early symptoms which can alert the perceptive health professional to the possibility of an underlying alcohol problem and the need to probe further.

Alcohol is also implicated in the development of serious diseases, such as hypertension, stroke, oral and oesophageal cancer, and liver problems. Distinctions can be drawn between problems caused by intoxication and regular heavy drinking (Table 1).



Accurate assessment of alcohol consumption is the key to detecting problem drinking. Without this assessment, health professionals may fail to recognise problem drinkers and opportunities for providing appropriate information may be missed. Descriptive statements, such as "social" or "heavy drinker"

are not helpful because they are subjective and open to interpretation in different ways. On the other hand the use of an accepted system which measures consumption in standard units of alcohol has the advantage of providing an objective estimation that can be recorded and compared with future reports of consumption.

One standard unit of alcohol contains 8-10g of ethanol and is equivalent to the following measures:

- half a pint of lager or light beer (3.5 per cent alcohol content by volume)
- a measure of spirits (one-sixth gill/25ml)
- 50ml fortified wines (for example, sherry, Martini)
- 175ml table wine.

When assessing alcohol consumption it is useful to note not only how much alcohol an individual consumes, but also the pattern of consumption. This is important because it influences the nature of the advice to be given.

Binge drinkers, whose drinking is concentrated on one or two days a week, are likely to experience different problems from those who drink as much, but in smaller amounts on a more regular basis. For this reason quantity/frequency measures,

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Table 1. Physical harm caused by drinking

Intoxication	Regular heavy drinking
Accidents	Nutritional deficiencies
Trauma	Diabetes
Gastritis	Cardiomyopathy
Acute pancreatitis	Hypertension
Acute hepatitis	Stroke
Cardiac arrhythmia	Peripheral neuritis, neuropathy
Stroke	Brain damage (Wernicke-Korsakoff syndrome and dementia)
Acute alcohol poisoning	Gastritis
Failure to take prescribed medication	Malabsorption syndrome
Unsafe sexual practices	Chronic pancreatitis
Impotence	Fatty liver and chronic hepatitis
Foetal damage	Cancers (mouth, larynx, oesophagus, breast, colon)
	Macrocytosis
	Respiratory disorders (asthma, chronic obstructive pulmonary disease, inhalation of vomit, ie Mendelson's syndrome)
	Skin disorders (bacterial, fungal and viral infections; rosacea, psoriasis, scurvy and pellagra)
	Foetal harm
	Physical dependence

Adapted from Hartz, Plant and Watt (1990) and reproduced with kind permission of the authors

Table 2. Relative risks for problem drinking and appropriate actions according to levels of consumption

Risk	Men	Women	Action
Low	Under 21 units/wk	Under 14 units/wk	Preventive strategies
Moderate	21-50 units/wk	14-35 units/wk	Brief intervention
High	(50 units/wk	(35 units/wk	Referral for specialist help

◀ Continued from page 19

calculated by multiplying the average amount of alcohol consumed by the number of drinking days a week, are not advised.

The use of a drinking diary provides a record of alcohol consumption over a specific period of time, thus incorporating both the pattern and level of consumption (see *Figure 1 overleaf*). This should be recorded retrospectively for the week immediately before the assessment and is achieved by asking the patient/client how much he/she drank on that particular day, the day before, the day before that, etc.

It is likely that prompts will be required, such as "try to remember where you were and who you were with." Responses should be recorded and kept in the patient/client's notes.

An additional reason for making a detailed record of alcohol consumption is that it can influence the nature of the advice for those individuals whose drinking exceeds the limits for moderate, or responsible drinking. Helping them to consider their levels, triggers and patterns of drinking by reflecting on the previous week can, in itself, be an effective intervention that results in their cutting down.

The drinking diary can help moderate drinkers to see they are consuming excessive alcohol, though they may be experiencing few problems when assessed by such tools as the Short Michigan Alcoholism Screening Test or the Short Alcohol Dependence Data, which are designed to detect dependence. The SMAST is a self-administered, 13-item questionnaire particularly suited to the detection of alcohol dependence, whereas the SADD gives an indication of the extent of dependence.

The Alcohol Use Disorders Identification Test, a 10-question assessment tool, has been developed by the WHO and can distinguish early problem drinkers amenable to relatively simple advice in the form of a "brief intervention", from those with signs of dependence for whom referral to specialist services is appropriate (see

further information on next page).

For an alcohol assessment to be meaningful, health professionals need to know what levels of consumption are associated with increased risk. There has been some debate about this in recent years. The Royal College of Physicians, the Royal College of Psychiatrists, the Royal College of General Practitioners, and the British Medical Association have all recommended that men drink fewer than 21 units a week and women fewer than 14 units a week.

The Department of Health's advice is that health risks increase for men who drink more than three to four units a day, and two to three units a day for women. This is open to interpretation as a change to daily, rather than weekly limits, or alternatively as an increase in the weekly limits.

Relative risk

Certainly, the Department's advice to consider day-to-day consumption is commendable, as it avoids the possibility of construing the consumption of 14 or 21 units in one day as either safe or sensible. The weight of medical and scientific authority, however, supports the view that relative risk increases for most people, as shown in *Table 2*, with the proviso that drinking should not be confined to only one or two days in the week.

Screening for alcohol problems should become a routine part of assessment of lifestyle factors such as diet and smoking, and questions should be asked in a matter-of-fact, non-judgmental manner. Health professionals ought to consider their own attitudes to drinking,

which should not be allowed to influence their approach.

There is now convincing evidence of the effectiveness of brief interventions for people whose drinking places them at risk of developing alcohol-related health problems (*WHO 1996, Fleming and Mannell 1999*). Brief, or "minimal" interventions are defined as interventions for problem drinkers whose level of alcohol consumption places them at risk of problems associated with their drinking, but who have few, if any, symptoms of alcohol dependence.

These strategies are within the scope of healthcare professionals who have not received specialist training in substance abuse, such as nurses and doctors who work in primary and acute care settings, and community pharmacists. Such interventions comprise:

- giving patients information about the links between their drinking and any identified health or social problems
- teaching them how to calculate how much they drink
- giving information about moderate drinking limits and health risks associated with increasing levels of consumption
- giving information about how to cut down their consumption
- discouraging binge drinking
- giving advice about spreading drinking throughout the week
- pointing out that everyone should have at least one alcohol-free day each week.

This can take as little as five to 10 minutes. The advice may be given verbally and supplemented with relevant reading material,

such as that produced by health education bodies and Drinkwise (see further information below).

People are more likely to change habits if they recognise the benefits in doing so. For this reason it is helpful to encourage at-risk drinkers to draw up a "balance sheet" of what are, for them, positive and negative effects of drinking. This helps the individual focus on the effects of his/her drinking and to decide for him/herself that he/she should change.

Studies indicate that, a year after receiving such advice, problem drinkers report statistically-significant reductions in the amount of alcohol consumed (*Monteiro and Gomel 1998, Watson 1999, Heather 2001*). Subjects also had a significant reduction in the number of alcohol-related health problems and showed improvements in liver function tests.

Problem drinking

There is evidence that such improvements are sustained over a four-year period and are accompanied by reduced hospital re-admission rates, indicating that early detection of problem drinking followed by interventions are cost-effective alternatives to more intensive forms of treatment.

Another interesting feature of this research is that reductions in mean drinking levels occurred in the control group as well as in the treatment groups. One reason may be that the detailed enquiry into drinking behaviour acted in itself as an intervention, raising awareness of potentially harmful levels of alcohol consumption.

This suggests that simply asking people about alcohol consumption may act as an intervention in its own right. It could be that talking in detail about the amount they drink, when they are unwell and

Continued on page 22 ▶

Table 3. Clinical features of alcohol withdrawal

Minor	Intermediate	Major (delirium tremens)
Apprehension	Clinical features as for minor withdrawal plus the symptoms listed below	Clinical features as for intermediate withdrawal plus the symptoms listed below.
Irritability	Hypertension	Hallucinations (may provoke self-harm)
Restlessness	Illusions (deceptive impressions of reality, hallucinations)	Delusions (mistaken beliefs)
Weakness	Confusion	Seizures
Tachycardia	Agitation	Cardiac arrhythmias
Sweating	Disorientation	
Anorexia		
Insomnia		
Tremor		

To be
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◀ Continued from page 20

perhaps more sensitive to health-related issues, is sufficient to encourage drinkers to consider the implications for their health.

Individuals with a long history of regular drinking are likely to become dependent drinkers. They may present with signs of physical dependence, such as tremor that is relieved by drinking in the morning, an increased tolerance of alcohol (where they need to consume greater amounts to gain the same effect), a compulsion to drink and diminished control over their drinking.

Alcohol withdrawal

If access to alcohol ceases abruptly, dependent people may experience physical and psychological symptoms of withdrawal. The severity of symptoms varies according to the duration and amount of alcohol taken, and factors such as general health.

Early or minor withdrawal symptoms can occur within two days of drinking cessation, peaking between 24 and 36 hours afterwards. Late or major withdrawal or delirium tremens can occur 24 to 150 hours after drinking has stopped, peaking at 72 to 96 hours. Severe withdrawal can occasionally be life-threatening. Symptoms normally associated with each stage of withdrawal are shown in Table 3.

Individuals receiving treatment for alcohol dependence are often advised to abstain, at least until their physical health improves,

following which realistic goals can be set for either controlled drinking or continuing abstinence, as appropriate. While severely dependent individuals are likely to undergo detoxification in hospital, most alcohol withdrawal is managed at home. Orally administered diazepam 5mg or chlordiazepoxide 20mg, four-hourly in the first 24 hours, is usually prescribed before the onset of withdrawal symptoms. The first dose should not, however, be administered until the breath alcohol test registers zero. The drug regimen should be tailored to reduce over five to six days.

Many people find self-help groups such as Alcoholics Anonymous valuable in preventing relapse to heavy drinking. Some pharmacological preparations, including disulfiram and acamprostate, have been shown to be useful in complementing psychosocial therapies.

Facial flushing

Disulfiram inhibits aldehyde dehydrogenase, which is involved in the metabolism of ethyl alcohol. If alcohol is consumed with disulfiram, potentially toxic levels of acetaldehyde are produced, leading to facial flushing, tachycardia, hypotension, nausea, dyspnoea and blurred vision.

These unpleasant effects of drinking while taking disulfiram have been shown to act as a deterrent and can help people to remain abstinent. This can be of particular value in helping people resist alcohol at special occasions, when risk increases. The effects

vary in severity with the amount of alcohol consumed and large quantities can lead to life-threatening symptoms.

Patients taking disulfiram should be made aware of the dangers of eating foods and other substances, such as medicines, which may contain alcohol, both concurrently and for at least a week after stopping the drug. Even toiletries with a high alcohol content are best avoided. Contraindications include severe short-term memory impairment, cardiovascular disease, liver disease, pregnancy, lactation, and non-alcohol-related psychotic symptoms.

Acamprostate is believed to act as a GABA-receptor agonist, reducing the sensation of craving for alcohol, and is therefore useful in maintaining abstinence. Treatment should be started as soon as possible after alcohol withdrawal, and last for up to a year. It does not interact with alcohol, so can be continued during relapse, although continued alcohol abuse negates the therapeutic benefits. Its most commonly reported side-effect is diarrhoea. It is absolutely contraindicated in renal insufficiency, liver failure, pregnancy and lactation.

Alcohol-related health problems constitute a major source of morbidity and mortality. However, the progression from low-risk drinking to alcohol dependence is by no means inevitable. Consequently there are opportunities for pharmacists to detect potential problem drinkers and to become involved in the management and treatment of

those with entrenched problems.

Further information

- The UK Alcohol Forum publishes a booklet entitled *Guidelines for the management of alcohol problems in primary care and general psychiatry* (01494 530342). The guidelines are also available at <http://www.ukalcoholforum.org>
- Alcohol Concern has a primary care information officer giving advice on the treatment of alcohol misuse to health professionals (020 7922 8668).
- The Medical Council on Alcoholism gives information to health professionals (020 7487 4445).
- Drinkline (England 0800 917 8282) will put people in touch with local agencies.
- Drinkwise (Scotland 0141 572 6704). E-mail drinkwise@sca-online.co.uk and website www.drinkwise.co.uk
- Health Development Agency (020 7222 5300), Health Education Board for Scotland (0131 536 5500), Northern Ireland Health Promotion Agency (02890 311611).

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Figure 1. Retrospective drinking diary

Complete the following chart indicating:

- a how much alcohol you drank last week
- b what you had to drink (for example, spirits, wine, beer: strong or low alcohol beer)
- c at what time of day you were drinking

If last week was not normal for you, think of what would be a typical week for you when filling in the chart. Beginning with yesterday, work backwards through the week.

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

TOTAL AMOUNT CONSUMED

Frontshop

Scriptlines

Centrum offers something to chew over



Whitehall Laboratories is adding a chewable tablet to its Centrum multivitamin range.

Centrum Chewable is a complete multimineral-multivitamin for adults. It contains the full range of vitamins and minerals recommended on a daily basis, including the complete antioxidant group and B vitamins to help release energy and other micro-nutrients.

Research shows that 25 per cent of the population have

difficulty in swallowing tablets and the chewable format is designed to appeal to these consumers.

Available in raspberry and lemon flavours, the tablets come in foiled packs including an introductory 14 tablet size.

Price: £2.99, £8.99

Pack size: 14, 60 tablets

Pip code: 280-2684 (14), 280-2700 (60)

Whitehall Laboratories Ltd

Tel: 01628 669011.

Cod liver oil duo on TV

Seven Seas will support its cod liver oil brands with a two-pronged New Year TV campaign.

The national campaign will include the first screening of a commercial for Seven Seas

NeutraTaste taste-free cod liver oil capsules which targets new users with "the new way to take cod liver oil" positioning.

Seven Seas Pure Cod Liver Oil will also be featured on TV in an updated version of the brand's "twist" commercial.

The eight-week campaign will be the first burst of a £6 million investment on the two brands during 2002.

For more information:

Seven Seas Ltd

Tel: 01482 375234.



May be of benefit to people on restricted dietary regimes

Building strength in glucosamine

Health Perception is adding two products to its glucosamine range for 2002.

GlucOsamax is a one-a-day glucosamine tablet containing 1500mg sodium-free glucosamine sulphate.

Market research has suggested that some people prefer to take glucosamine in a one-a-day formulation rather than the recommended 500mg three times daily. It is available in a seven capsule starter pack.

BackOsamine is a new capsule formulated to help maintain strength and flexibility in the spine.

Price: GlucOsamax £4.99, £17.99, £39.99; BackOsamine £9.99

Pack size: 7, 30 and 90 GlucOsamax tablets; 60 BackOsamine capsules

Health Perception Ltd

Tel: 01252 861454.

Pfizer cuts prices of Lipitor by 40pc

Pfizer has cut the price of all strengths of Lipitor (atorvastatin) from December 3, with the 40mg and 80mg strengths reduced by £17.35, down nearly 40 per cent. The change was notified to C&D on December 13 and appears in this week's *Price List Supplement*. Pharmacy contractors in England and Wales will be reimbursed at the higher prices for Lipitor prescriptions dispensed in December, as the Prescription Pricing Bureau does not update its prices until January 1.

Pfizer cites evidence from the *Heart Protection Study* and its wish to "enable healthcare professionals to achieve national cholesterol targets" as the reason for the price drop.

Price: Lipitor 10mg £18.03, Lipitor 20mg, 40mg, and 80mg £29.69

Pfizer Ltd

Tel: 01304 616161.

Cough, cold & flu FORECAST



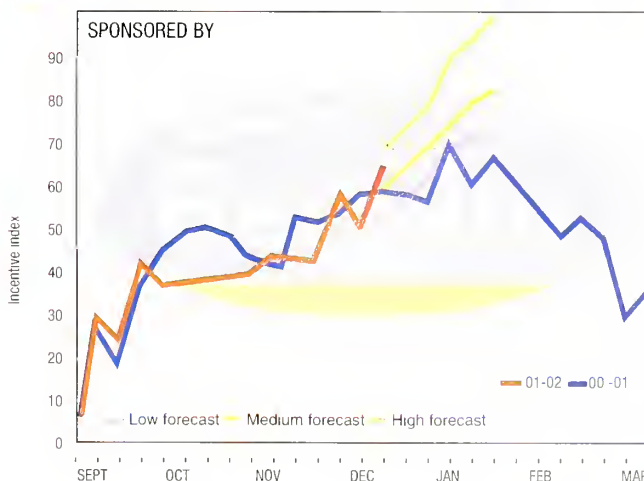
● Cities on New Alert
● Cities on Pre-alert
● Continue on alert

KEY FACTS

- Newcastle, London and Birmingham have gone on to alert status
- Whole of the UK is now on alert
- Cough remains the most prevalent symptom

Benlyn

Information updated weekly by SDI



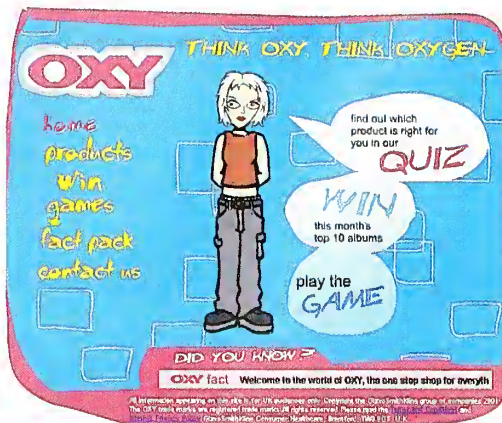
Frontshop

Oxy talks to teens on new website

A new Oxy skincare website is being launched by GlaxoSmithKline to provide an opportunity to talk to teenagers through a medium they can closely relate to.

The brand's TV characters Angela and Chip are used to talk youngsters through the site, which features information on preventing and treating spots, product information and fun competitions.

The site has an interactive page



to encourage feedback from consumers.

For more information:

www.oxy.co.uk

Full Marks for the New Year

Full Marks Mousse will be on TV in the New Year to coincide with the second biggest annual head lice sales period.

Targeted at parents of 4-10 year olds, the three-week national campaign will run from December 31 until January 20.

The TV campaign will be supported by point of sale material including window displays, counter displays and shelf-edgers for pharmacies.

Pharmacies can also receive educational leaflets to distribute to parents detailing the three-step approach to managing head lice. The leaflet outlines the latest BNF guidance which recommends two applications of treatment, seven days apart.

For more information:

SSL International plc
Tel: 0161 654 3000.



Bursting into showers...

Cussons is launching another shower gel in its Imperial Leather Foamburst range.

Foamburst Scent-sations shower gel is targeted at the premium end of the shower market.

Cussons believes the product will bridge the gap between mass-market brands and fine fragrance products.

The gel is available in three fragrances – Cassis & Ginger, Juniper & Yuzu and Cucumber and Lime.

It is packaged in brushed

aluminium cans with tinted over-caps, designed to appeal to younger consumers.

The launch will be supported by a £2 million marketing programme including TV and cinema advertising, sampling and online activity.

Price: £3.49

Pack size: 150ml

Pip code: Cassis & Ginger

284-6673, Juniper & Yuzu

284-6699, Cucumber & Lime

284-6681

Cussons (UK) Ltd

Tel: 0161 491 8000.

Nicorette for the resolute

Pharmacia Consumer Healthcare is investing £7 million in an advertising campaign over Christmas and the New Year to support smokers resolving to give up.

A TV campaign on air from December 27 until January 21 will focus on the Nicorette 16-hour Patch.

This will be preceded on Boxing Day by the brand's successful

"cold turkey" commercial.

Advertising will appear on billboards and on the London Underground from December 26 until January 13 and a washroom poster initiative will run in shopping centres from New Year's Eve until January 27.

For more information:

Pharmacia Consumer Healthcare
Tel: 01908 661101.

A lift for Organics

Lever Fabergé is revitalising its Organics range with new packs and variants for 2002.

Organics Vital will be relaunched as Organics Vital Anti-Age containing a complex of Collagen-E to revitalise ageing hair, targeting women aged 35-64.

The relaunch will be backed by a £4.5 million campaign including TV

and national press advertising.

Also new in the Organics range is Hydra Purity shampoo and conditioner.

The entire Organics range has a new look, to highlight the brand's five essential oils.

For more information:

Lever Fabergé
Tel: 020 8439 6100.

TVnext week

Aquafresh Powerbrush: All areas except U, CTV

Aquafresh Toothpaste: All areas except U, CTV, TSW

Beechams: All areas except U

Benlylin Active Response: GTV, STV, A, HTV, W, C4, Sat

Benlylin cough range: All areas except U, CTV, TSW

Breath Right mentholated nasal strips: All areas except GTRV, CTV, LWT, C4 TSW

Colpermin: C5

Covonia: GMTV, C5

Day & Night Nurse: HTV

Flu Plus: All areas except U, CTV, TSW

Full Marks Mousse: All areas + Sat

Gaviscon Tablets: All areas

Meltus: All areas + Sat

Nicorette: All areas

NiQuitin: All areas

Olbas: C5, GMTV, Sat

Pepcidtwo: All areas except GTV, B, CTV, TSW

Remegel: All areas + Sat

Solpadeine: U

Sudafed: All areas except U, CTV, GMTV, TSW

Throaties Pastilles: GMTV

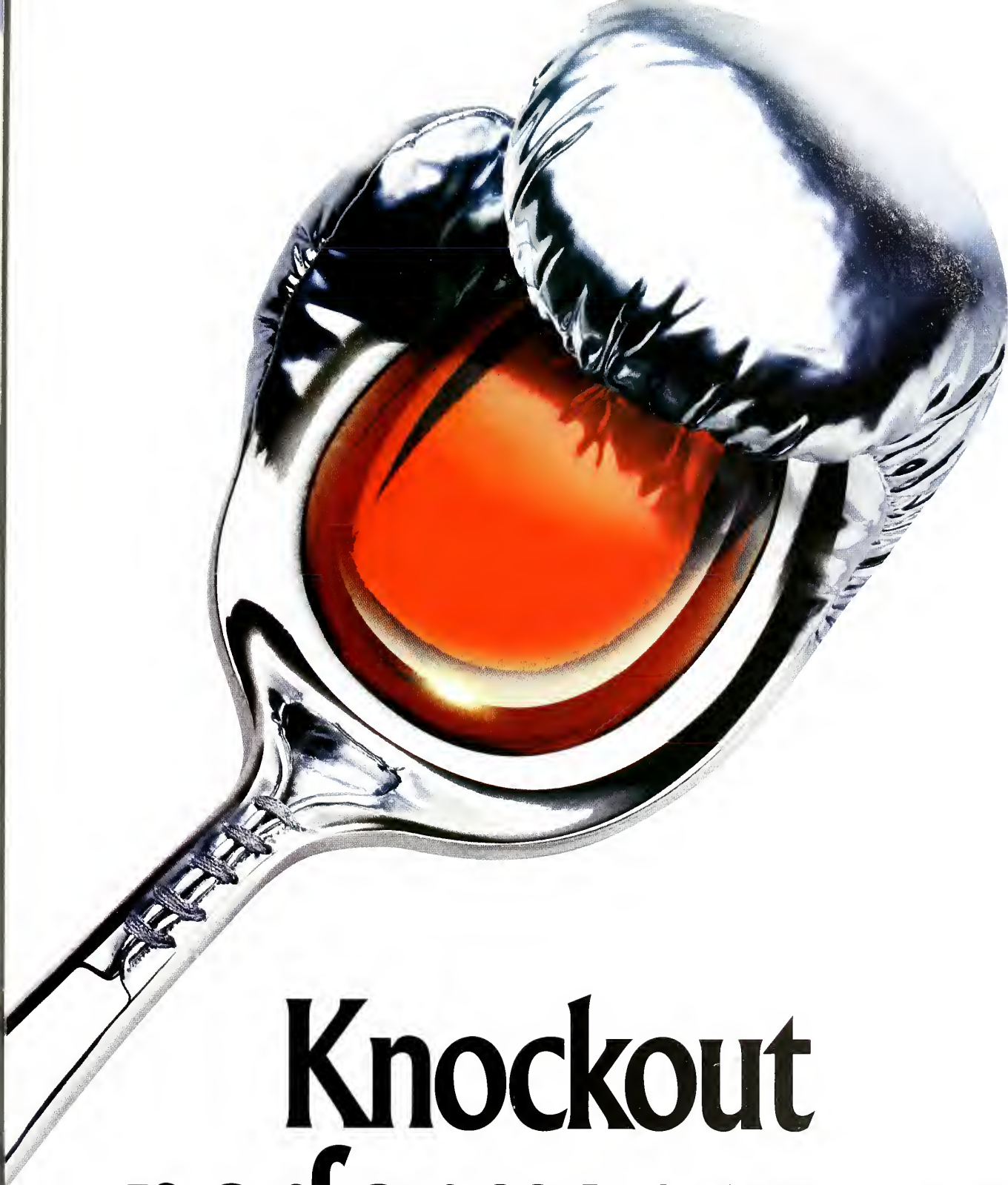
Venos: GMTV

Zantac 75: U

Zovirax: C4, C5, Sat

PharmaSite for next week: Day & Night Nurse – Window, Day & Night Nurse – In-store, Midrid – Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire



Knockout performance



The UK's fastest growing cough medicine brand.¹

Robitussin



*Trade Mark. ¹Source: Kantar Worldpanel (UK) survey 2010/2011

© 2011 Robitussin Pharmaceuticals

Vitamins and minerals

It was widely thought that vitamins and minerals would benefit from the abolition of RPM, as it is a regular usage product rather than a distress purchase.

However, promotions were not as widespread as anticipated and despite some trial purchasing, growth has been minimal.

There have been only slight declines in pharmacies and supermarkets. Solgar and Pharmaton have grown most, but Seven Seas and Sanatogen are still the top brands.

New and growing products within this sector are focusing more and more on coping with hectic lifestyles and products such as Berocca and Supradyn Recharge from Roche and Seven Seas' Multibionta are starting to flourish.

▼ **Star product:** Pharmaton



Adult oral analgesics

Nurofen remains the best selling brand within pharmacy, with Nurofen Plus fast catching the original as the most popular variant.

Sales of the groundbreaking Nurofen Meltlets have almost doubled in the last year, but remain a niche product, while liquid capsules continue to grow.

Product innovation has otherwise been negligible in this mature market. Anadin Ultra Ibuprofen is growing quickly, while Solpadeine remains a major player and continues to grow.

As an "everyday" product, analgesics were an obvious choice for promotional activity once RPM was abolished. But despite an increase in volume, value sales did not show any significant growth, indicating that OTC medicines may not be the easiest sector to increase using promotions.

Star product: Panadol Actifast ▼



The best

A special review of the top sales categories in pharmacies this year by Information Resources

With more and more medicinal products gaining GSL status, it has become easier for the public to obtain cures for minor ailments with everyday grocery shopping.

Inevitably, this has affected pharmacies but in general terms, sales of OTC medicines in pharmacies have remained buoyant despite the increasing pressure from the supermarkets.

However, a poor winter season has meant declining sales in the cold and flu market. Meanwhile, sales of health and beauty products continue to decline as the supermarkets increase their share of these sectors.

Alongside this shift in the balance of power has been the abolition of Resale Price Maintenance in May. Speculation over how this would affect sales had been rife and it is interesting to note that it has had a relatively minor effect on sales.

Average prices fell as the supermarkets (and Boots The Chemists) allowed consumers to stock up on products such as painkillers with multi-buy offers.

However, value sales have remained steady across the OTC categories, while volumes increased only for those promotional periods.

Medicated confectionery

The fact that only two of the top five brands in this sector are growing reflects the trend of the entire category.

As with cold and flu decongestants, consumers are tending to buy their minor

ailment remedies from the supermarkets more often. Nevertheless, sales for medicated confectionery in pharmacies are still more than double those in supermarkets.

Strepsils extra is the fastest growing variant in the Crookes Healthcare range and has helped to keep Strepsils the best-selling brand. Other growing brands are Dequacaine, also from Crookes, and Tyrozets from Johnson & Johnson MSD.

▲ **Star product:** Strepsils extra



Cough liquids

Benlyin dominates cough liquids, with the codeine variant increasing its share of the brand. However, as in cold and flu decongestants, this category has suffered as a result of increased buying in supermarkets. In fact, Tixylix from Novartis is the only leading brand that has grown in the last year, and it has done so across both trade channels.

Tixylix baby syrup has provided the impetus for this growth, with parents apparently preferring to take the advice of their pharmacists when medicating their babies.

The trend for extending successful brand names across categories continued with the arrival of Locketts Medicated Linctus.

Two other brand performances worth noting outside the top five are Robitussin and Venos, both of which are up by around 4 per cent.

Star product:

Tixylix ▶



Indigestion remedies

With more than twice the sales of its nearest rival, Reckitt Benckiser's Gaviscon is the brand to beat in indigestion remedies.

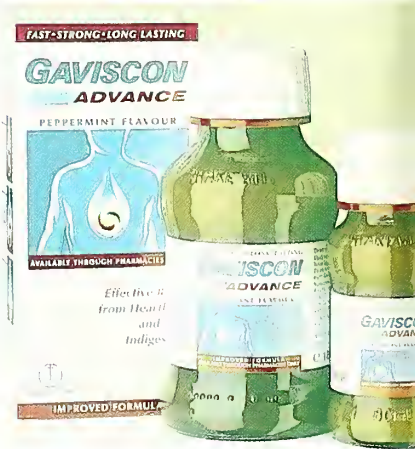
While the new formula Advance variant has almost doubled in annual sales, the original Gaviscon product has also managed to grow. This is no mean feat, as some degree of cannibalisation is usually inevitable.

Rennie continues to grow, with Original and Deflatine leading the way and benefiting from some promotional activity.

However, the most dynamic brand in the top five is GSK's Zantac 75.

This is growing strongly, reflecting the positive outlook for this category within pharmacies.

Star product: Gaviscon Advance Liquid ▶



f 2001

Hayfever remedies

Hayfever remedies are one of the most competitive OTC categories and with each of the top five brands growing, it is an extremely healthy market. A particularly pollen-heavy summer was also a factor in the growth this year.

Claritin is currently the market leader but Benadryl is not far behind. Piriton and Zirtek oral remedies also remain in contention for the top spot.

Smoking cessation

Still only a few years old, this remains an extremely buoyant market, with pharmacies and



Although only a small category in the supermarkets, its growth is twice the rate of that in the pharmacies as more and more remedies are available on the general sales list.

▲ **Star product:** Benadryl

supermarkets alike reaping the benefits of the move of all gum and patch products from P to GSL status.

Gum, and specifically Nicorette gum, is still by some margin the most popular method chosen by smokers to give up their nicotine addiction.

However, patches are gaining in popularity and in Niquitin CQ Clear, this more aesthetically-pleasing variant has caught the imagination of users.

One of the more recent additions to the formats available is the lozenge. Originally introduced by Novartis under the Nicotinell brand two years ago, the launch of Niquitin CQ by GSK could help to push the format into the mainstream.

◀ **Star product:** Niquitin CQ Clear Patch

Cold and flu decongestants

Sales of cold and flu decongestants have dropped considerably and the poor winter season has played a

prominent part in this decline. Innovations continue to emerge with Lemsip Children's 6+, soft gel capsules and Pharmacy Flu Strength making the most positive impact on the Lemsip brand. Beechams All In One is one of only a few variants in the GSK brand range which is showing any signs of growth and it is coming under increasing pressure from Sudafed. Pfizer's Sudafed has been growing strongly, benefiting from the success of Sudafed Dual Relief.

◀ **Star product:** Sudafed Dual Relief



Top pharmacy brands

* excl Boots	52w/c 5 Nov 00	52w/c 4 Nov 01	% chg vs yr ago
	Value Sales £k	Value Sales £k	
1 Adult oral analgesics	178,277	176,415	-1.0
2 Cold/flu decongestants	108,394	99,814	-7.9
3 Cough liquids	72,049	67,308	-6.6
4 Indigestion remedies	60,800	60,856	0.1
5 Vitamins & Minerals*	62,052	60,208	-3.0
6 Hayfever remedies	48,761	56,188	15.2
7 Smoking cessation aids	49,075	51,791	5.5
8 Medicated confectionery	44,657	41,584	-6.9

Oral analgesics

	52 w/c 5 Nov 00	52 w/c 4 Nov 01	% chg vs yr ago
1 Nurofen	33,656	33,601	-0.2
2 Solpadeine*	25,392	26,154	3.0
3 Anadin	12,878	11,854	-8.0
4 Panadol	7,684	7,313	-4.8
5 Syndol	6,449	6,576	2.0

* includes Solpaflex

Cold & flu decongestants

	52 w/c 5 Nov 00	52 w/c 4 Nov 01	% chg vs yr ago
1 Lemsip	17,241	15,510	-10.0
2 Beechams	12,403	11,047	-10.9
3 Sudafed	9,152	10,613	16.0
4 Vicks	8,055	7,840	-2.7
5 Night Nurse	7,871	7,381	-6.2

Cough liquids

	52 w/c 5 Nov 00	52 w/c 4 Nov 01	% chg vs yr ago
1 Benlyn	22,882	19,736	-13.8
2 Covonia	6,656	6,544	-1.7
3 Meltus	5,499	5,387	-2.0
4 Tixylix	4,906	5,144	4.9
5 Sudafed	3,534	3,158	-10.6

Indigestion remedies

	52 w/c 5 Nov 00	52 w/c 4 Nov 01	% chg vs yr ago
1 Gaviscon	21,836	23,742	8.7
2 Rennie	12,135	11,887	-2.0
3 Zantac 75	5,315	6,356	19.6
4 Bisodol	2,895	2,644	-8.7
5 Milk Of Magnesia	2,109	2,064	-2.1

VMS

	52 w/c 5 Nov 00	52 w/c 4 Nov 01	% chg vs yr ago
1 Seven Seas	14,321	£14,097	-1.6
2 Sanatogen	4,585	£3,773	-17.7
3 Health Aid	3,610	£3,327	-7.8
4 Solgar	2,154	£2,292	6.4
5 Redoxon	3,282	£2,124	-35.3

Hayfever remedies

	52 w/c 5 Nov 00	52 w/c 4 Nov 01	% chg vs yr ago
1 Claritin	7,366	9,373	27.2
2 Benadryl	6,436	8,926	38.7
3 Piriton	7,837	8,577	9.4
4 Zirtek	5,965	7,372	23.6
5 Beconase Allergy	6,491	6,973	7.4

Smoking cessation aids

	52 w/c 5 Nov 00	52 w/c 4 Nov 01	% chg vs yr ago
1 Nicorette Gum	18,560	20,156	8.6
2 Nicotinell Patch	9,991	7,928	-20.7
3 Niquitin CQ Clear Patch	11	6,409	++
4 Niquitin CQ Classic Patch	8,308	5,633	-32.2
5 Nicorette Patch	3,364	3,539	5.2

Medicated confectionery

	52 w/c 5 Nov 00	52 w/c 4 Nov 01	% chg vs yr ago
1 Strepsils	12,651	11,981	-5.3
2 Halls	4,061	3,750	-7.7
3 Dequacaine	2,069	2,124	2.7
4 Potters	1,973	1,914	-3.0
5 Tyrozets	1,740	1,831	5.2

All based on Chemists incl Boots The Chemists except Vitamins and Minerals

"Star products" are all brands that have displayed very strong growth compared with competing brands

Looking to the future

Earlier this year GSK carried out market research on community pharmacists' concerns and aspirations. **Andrew Garvey** shares some of the results...

Key findings

Pharmacists are already providing a wide range of services for their customers but wish to broaden these further.

Staff training is seen as becoming more important, and pharmacists view this as a key value-added service which can be provided by manufacturers.



These were two key findings from the research commissioned by GSK.

Pharmacists' views on how to improve support from manufacturers and wholesalers were broadly similar. Topping the list was better discount terms and help to reduce incidences of out-of-stock products.

The changes identified by pharmacists as potentially having the greatest impact on their businesses were:

- anticipated changes to NHS reimbursement and claw-back
- reduced counter trade from the collapse of retail price maintenance (RPM).

Surprisingly, pharmacists envisage few changes in their working practices in the coming year, even though they are expected to play an increasingly central role in the provision of primary care, as outlined in the NHS plan and *Pharmacy in the Future*, and in similar plans in Scotland, Wales and Northern Ireland.

There was a clear willingness to improve services further and widen those already offered. "Pharmacy by phone" services were offered by 58 per cent, with 12 per cent expressing a desire to do so in the future.

Pharmacists see healthcare screening as a major area of expansion. Between 10 and 21 per cent of pharmacies now offer services for blood pressure, diabetes, blood and cholesterol testing. Over half of the

pharmacists interviewed would like to introduce these services and, finance permitted, many would like to increase provision of private areas for screening and counselling.

Pharmacists expressed a need for more time and resources to implement more services for their customers, particularly as they perceived that their customers were demanding more of their time.

A growing number of pharmacists are generally well equipped to benefit from time-saving technology, and around 70 per cent have access to the internet and e-mail.

The level of manufacturer discounts is an important area of concern for pharmacy businesses. Pharmacists would like more consultation with manufacturers to be able to discuss discount issues. In addition, pharmacists do not simply want increased discounts; many want greater access to more deals.

As many as 80 per cent of the pharmacists consulted identified improvements in stock issues, particularly reductions in the level of out-of-stocks, as the key issues in their relationship with their wholesalers and distributors. These are also key requirements of wholesalers and distributors.

The consultation process included an extensive review of the past Glaxo Wellcome and SmithKline Beecham trading schemes, and the findings indicated that

The merger of SmithKline Beecham and GlaxoWellcome earlier this year presented GSK with an opportunity for a major rethink in its approach to community pharmacy at a time when significant changes are taking place in the profession.

Market researcher Taylor Nelson Sofres undertook a large-scale consultation exercise which listened to the concerns and expectations of some 7,200 pharmacists from both large and small businesses.

A combination of qualitative, in-depth interviews and quantitative questionnaires was used to discover how pharmacists view the current involvement of the pharmaceutical industry, and to allow them to explain what changes they would like to see in their dealings with wholesalers and manufacturers.

significant changes are needed.

More than half (57 per cent) of pharmacists did not think the Glaxo Wellcome discount scheme had advantages. The agency scheme was perceived as not valuing pharmacists, not providing adequate access to discounts, and inundating pharmacists with complex paperwork.

Pharmacists specifically requested simplification of invoicing/discounting as previously these have been difficult to understand. They wanted greater transparency.

GSK has recently announced +Plus, a new service for community pharmacy that includes the company's trading programme for prescription medicines.

When +Plus begins to take effect on January 1, the Glaxo Wellcome Agency scheme will cease to exist.

Pharmacists were asked for their opinion on which industry changes were most anticipated in the next 12 months. The majority do not think much change will occur in the short term, but most pharmacists expect changes to clawback and reimbursement. Nearly 60 per cent of pharmacists expect a reduction in counter trade to occur due to the abolition of RPM within 12 months.

Of the NHS proposals, the most relevant to pharmacy businesses are thought to be (in order of importance):

- the introduction of medicines management schemes
- extension of prescribing rights
- introduction of repeat dispensing
- increased education and training.

Product information

Active Ingredient: Peppermint oil BP 0.2ml

Presentation: Light blue/dark blue sustained release enteric coated capsule.

Uses: Relief of the Symptoms of Irritable Bowel Syndrome (IBS).

Dosage and Administration:

Adults and Elderly: 1 or 2 capsules three times a day, according to discomfort, for up to 2 weeks.

With medical advice may be used up to 3 months.

Children: No experience below the age of 15 years.

Do not take immediately after food or with indigestion remedies.

Special Warnings and Precautions:

The capsules should be taken whole, they should not be broken or chewed because this would release the peppermint oil prematurely, possibly causing local irritation of the mouth or oesophagus.

The diagnosis of IBS should be confirmed by a doctor.

A doctor should be consulted where -

- (a) patient is 40 years or over with changed symptoms or long gap since last attack,
- (b) blood passes from the bowel,
- (c) nausea or vomiting,
- (d) paleness/tiredness,
- (e) severe constipation,
- (f) fever,
- (g) recent foreign travel,
- (h) pregnancy or possible pregnancy,
- (i) abnormal vaginal discharge or bleeding,
- (j) difficulty or pain passing urine,
- (k) loss of appetite or loss of weight.

The patient should consult their doctor if new symptoms occur or there is a lack of improvement after two weeks. Safety has not been confirmed in pregnancy or lactation and it should not be used unless directed by a doctor.

Adverse Effects: Occasional heartburn and peri-anal irritation. Allergy to menthol in the oil is rare; symptoms are rash, headache, slow heartbeat, muscle tremor and clumsiness, which may occur in conjunction with alcohol.

Overdose: Gastric lavage. Symptomatic treatment.

Package Quantities: Colpermin is available in cartons of 20 or 100 capsules.

Price: 20 capsules £2.75 trade, £4.85 RSP (£4.13 exc.VAT); 100 capsules £10.96 trade, £19.32 RSP (£16.44 exc.VAT).

Legal Category: GSL.

Pharmaceutical Precautions: Store below 25°C; avoid direct sunlight.

Product Licence Holder:

Pharmacia Ltd, Davy Avenue, Milton Keynes, MK5 8PH, UK. Tel: 01908 661101. Colpermin is a registered Trade Mark.

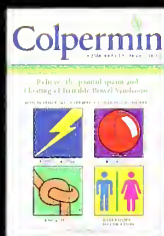
Product Licence Number: PL0032/0218.

Date of Preparation: November 2000.

Pharmacia Ltd, Davy Avenue, Milton Keynes, MK5 8PH, U.K. Telephone: 01908 661101

Colpermin

YOU CAN'T PREDICT WHAT IBS THROWS AT YOU



For an effective result, recommend Colpermin to treat the different sides of Irritable Bowel Syndrome.

Colpermin's enteric coating is specially designed to reach the bowel intact, which ensures its special formulation can deliver relief exactly where it's needed. Then its antispasmodic action relaxes the bowel to soothe cramps and ease pain, and its carminative effect disperses trapped wind and relieves

that bloated feeling. ***So don't take a gamble, rely on Colpermin, the leading treatment in the IBS OTC market.***



For more information, or to order Colpermin please contact your
Pharmacia representative or call 0500 390114

Colpermin
0.2ml Peppermint Oil BP
MODIFIED RELEASE CAPSULES

MORE THAN JUST AN ANTISPASMODIC

Ilex and argentium

Pharmacy's appearances on the silver screen are few and far between, but there have been some important highlights

Singin' in the Rain contains one of the most famous scenes in the history of films. Gene Kelly splashing his way through the downpour while singing the title song has become a classic movie moment.

But how many of you have noticed the pharmacy in the background – with the window display of Mahout cosmetics? The scene might be a metaphor for the profession – always there, an important part of the whole, but not prominent enough to deserve attention in its own right.

Of course, there have been films that centred around pharmacies or, as most of the portrayals are from Hollywood, drug stores. *Drug Store Cowboy* is an obvious example of recent times, with Matt Dillon leading a posse of drug addicts who feed to keep raiding pharmacies to habit their habits. And a German film, *Die Apothekerin* (*The Pharmacist*) of 1997 centred around a woman who was mysteriously bumping off a variety of people.

Earlier portrayals started with WC Fields. He made a film entitled *The Pharmacist* in 1933, but his interest in portraying druggists was seen elsewhere in other films. He played a disgruntled druggist in *It's a gift* and in *It's the Old Army Game* he played the role of Elmer Prettywillie, a druggist who is woken up in the middle of the night to sell a two cent stamp. So, no change there in the 75 years since that film was made.

A classic which had a pharmacist character is *It's a Wonderful Life*, but unfortunately, the pharmacist, Mr Gower, is cracking up. While drunk and



distraught over his son's death from influenza, he incorporates a poison into some pills. The young George Bailey is the drugstore's messenger boy who saves the day and this incident is one of the things that helps convince the grown up George, played by Jimmy Stewart, that he does have a role to play in society.

But specific portrayals of pharmacy as necessary parts of the plot are few and far between. Often, the drug store is used as a setting, and that more often than not is because of the soda fountain.

Schwab's Pharmacy was perhaps the most famous pharmacy (and soda fountain) in film making. It has featured in movies, most notably in *Sunset Boulevard* – William Holden's character calls Schwab's Drug Store his "headquarters; kind of a combination office, Kaffee-klatzsch, and waiting room".

But Schwab's, formerly at 8024 Sunset Boulevard, also had a creative role in the film industry. One of its more notable contributions, apparently, was that it provided songwriter Harold Arlen a light by which he could pen *Over the Rainbow*.

Charlie Chaplin and fellow comedian Harold Lloyd used to play pinball at Schwab's, while a persistent rumour is that Lana Turner was "discovered" there. While that tale may not be true, Ava Gardner was noticed while she worked behind the counter. Other stars from the golden age of Hollywood who would "hang out" at Schwab's included Judy Garland, Mickey Rooney, Orson Welles, the Marx Brothers and Marilyn Monroe.

As for Oscar winners, Jim Garner failed to win in 1985 for his portrayal of an Arizonian small-town pharmacist in *Murphy's Romance*.

Finding real pharmacists who have had starring roles is not an easy task. Character actor Jonathan Harris who played Dr Smith in the 1960s TV show *Lost in Space*, almost became a pharmacist, but went into acting instead. Peter Mark Richman, another character actor, is a qualified pharmacist, but has been acting since the 1950s. Film credits include parts in *Friday the 13th* and *Naked Gun 2½*. Does Gregory Peck's dad count?

One unsung hero might be the pharmacist who helped finance

director Stanley Kubrick in his early days. Having had a failure with his first full-length feature, Mr Kubrick showed his local pharmacist a short film *The Day of the Fight*. Recognising the potential, the pharmacist lent him a substantial amount of money for the next Kubrick film, *Killer's Kiss*. The rest is history.

Is there hope of a future for pharmacy in film? Well, rather than wait until the next Kubrick is short of cash, Huddersfield pharmacists Abdul Hafiz and Afzal Khan have set up their own film company, Paragon Pictures (*C&D* December 1, p42). Shooting is soon to start on their first film, a "controversial love story set against contemporary events in India". Perhaps we should look more to Bollywood in future, rather than scouring Hollywood output.

But for real pharmacists, the nearest they will come to the movies is the range of cosmetics they sell. After all, Max Factor does market itself as the make-up of make-up artists.

Was it Panstik that allowed Norma Desmond to say: "All right, Mr de Mille. I'm ready for my close up"?



COUNTER
ATTACK UniChem

Trade prices are per unit unless otherwise stated. Bold upright figures (**0.14**) in the retail column indicate price is subject to retail price maintenance. Italic figure (*0.14*) is the manufacturers recommended price. Light upright (0.14) is a suggested guide. **a** = price advanced. **r** = price reduced. ● = new entry. **d** = deleted. **c** = change or correction. **i** = insert. **Three simple rules for price checking.** 1. Look under 'This Week's changes'. *If price is not listed.* 2. Check cumulative section. *If price is not listed.* 3. Refer to the last main price list. *Price is latest notified.*

PIP code Trade VAT Retail										PIP code Trade VAT Retail									
A&D (A & D Instruments)										COMBIBESIVE NATURA (Convatec)									
Effective January 01										Little Ones									
digital electronic										closed pouch									
premium wrist monitor UB-401 273-8359 47.40 S 89.99										32mm opaque S7891 284-7200 19 10(20) S									
ADVANTAGE II (Roche Diagnostics)										45mm opaque S7892 284-7226 19 10(20) S									
Effective January 01										drainable pouch									
glucose testing strips 50 275-5619 15.02 S										32mm clear S7880 284-7184 11.19(10) S									
ARKOCAPS (Arkopharma)										45mm clear S7881 284-7192 11.19(10) S									
charcoal										flexible flanges									
162mg 45 284-7325 2.80 S 4.85										32mm S7811 284-7150 14 24(5) S									
AVEENO (Johnson & Johnson)										45mm S7812 284-7168 14 24(5) S									
hath additives										urostomy pouch									
colloidal 10 x 15g 283-7409 4.69 S 7.75 BS										32mm clear S7850 284-7176 24 39(10) S									
AVENT (Cannon Rubber)										CUSONS (Cussons)									
Effective January 01										Effective January 01									
hahycare										Imperial Leather									
hottom balm 100ml 271-0838 2.55 S 4.00										foamburst scent-sations									
breast pads 50 284-0254 3.19 S 4.99										cassis & ginger 284-6673, cucumber & lime 284-6681,									
disposable ultra comfort										juniper & yuzu 284-6699									
future mother range										DOVE (Lever Faherge)									
relaxing bath & shower essence 250ml 271-0879 3.19 S 5.00										conditioner									
BEEFAMS (GlaxoSmithKline Consumer)										coloured 283-2228, dry 283-2210, normal 283-2202									
(all-in-one: paracetamol 500mg, guaiphenesin 200mg, phenylephrine 10mg;										shampoo 250ml ... S 2.59									
flu plus caps: paracetamol 500mg, caffeine 25mg, phenylephrine 5mg;										2 in 1 283-2194, coloured 283-2186, dry 283-2160, greasy 283-2178,									
flu plus pvd: paracetamol 1000mg, ascorbic acid 70mg, phenylephrine 10mg; hat-										normal 283-2152									
paracetamol 600mg, ascorbic acid 40mg, phenylephrine Hcl 10mg; lemon tabs:										DRSTUARTS (Simpkin)									
aspirin 300mg, glycine 150mg; powders: aspirin 600mg, caffeine 50mg; powder caps:										hotanical teas 6 25(6) Z 1.39									
paracetamol 300mg, caffeine 25mg, phenylephrine HCl 5mg; tabs: aspirin 300mg,										echinacea plus 284-7218									
caffeine 25mg)										EROS (Savoy Labs)									
BETA-CARDONE (Celltech Pharms)										condoms 8 284-7234 18 00(10) S 3.99									
tablets										EXPULIN (Shire Pharms)									
40mg 56 283-1337 2.22 S POM										chesty cough									
80mg 56 283-1329 3.29 S POM										sugar free 100ml 239-1472 1 00 S 2.35 G									
BOURJOIS (Bourjois)										GRANOVITA (GranoVita)									
blusher										Vitapharma									
Pastel Joues										essential oils 10ml 13.24(6) S 3.99									
rose bois 284-7259, rose cuivre 284-7267										bergamont 284-9149, lavender 284-9156, ylang-ylang 284-9164									
eyeshadow										10ml 8.26(6) S 2.49									
trio-etil lumiere										eucalyptus 284-9172, evening spirit 284-9248,									
bleu prusse 268-8794, prune royale 268-8695,										grapefruit 284-9180, japanese mint 284-9198, lemon 284-9206,									
violet imperial 268-8760										lemon grass 284-9214, orange 284-9230									
jeau de soleil										organic tea tree oil 10ml 284-9131 26 49(12) S 3.99									
cuivre dove 284-7291, ore lumineux 284-7275										HANSAPLAST THERMO (Beiersdorf)									
CAREMED (LINC Medical Systems)										herbal heat plaster 02990 242-4745 101.16(36) S 4.65 G									
silicone suprapubic catheter										HEALTH AID (Pharmadass)									
with integral balloon & opening 2-way 10 95 S										amino acid supplements									
short: (08471205) 5ml 12ch 284-8612,										L-cysteine tablets									
(08471405) 5ml 14ch 284-8620, (08471610) 10ml 16ch 284-8638,										550mg 60 284-7705 7.41 S 12.99									
(08471810) 10ml 18ch 284-8646, (08472010) 10ml 20ch 284-8653,										vitamin C supplements									
long: (08451205) 5ml 12ch 284-8661,										Wintervits									
(08451405) 5ml 14ch 284-8679, (08451610) 10ml 16ch 284-8687,										tablets 30 258-2179 3.99 S 6.99									
(08451810) 10ml 18ch 284-8695, (08452010) 10ml 20ch 284-8703										HEALTHCHECKS (Primacy Healthcare)									
with opening & shaped tip 2-way 8.95 S										vitamin A, C & D									
(08461205) 5ml 12ch 284-8711, (08461410) 10ml 14ch 284-8729,										children's, one-a-day									
(08461610) 10ml 16ch 284-8737, (08461810) 10ml 18ch 284-8745,										tablets 30 257-5256 S 0.99									
(08462010) 10ml 20ch 284-8752										vitamin C									
CARENS (Cussons)										tablets									
Effective January 01										60mg 120 269-5732 S 1.89									
handwash										HEALTHLIFE (Primacy Healthcare)									
gentle foaming 250ml ... S 2.59										A-Z multivitamins & minerals 30 259-1071 S 2.49									
cranberry & jojoba oil 284-6723, tea tree & avocado 284-6715,										beta carotene									
willowbark & honey 284-6707										capsules									
refill 750ml 15.39(6) S 3.49										4 8mg 90 046-1277 S 3.69									
aloe vera 284-6749, original 284-6731										brewers yeast									
soft wipes 15 284-6756 14.91(12) S 1.59										powder 330g 034-1438 S 2.49									
40 284-6764 17.60(8) S 2.99										tablets									
CHAPSTICK MEDICATED (Whitehall Labs)										300mg 500 036-3499 S 2.49									
lip balm single 284-7713 24 89(24) S 1.59										calcium chewable									
CITRUTREN ISO (Nestle Clinical Nutrition)										apple flavour									
sip feed										400mg 60 234-8977 S 2.49									
multipack										cod liver oil									
1kcal/ml 4 x 200ml 4.72 Z BS										& glucosamine complex 30 284-8810 S 3.99									
strawberry/raspberry 267-0370</																			

		PIP code	Trade	VAT	Retail			PIP code	Trade	VAT	Retail		
one-a-day capsules	90	016-1406		S	3.99	r		ch10 284-8372, ch12 284-8380, ch14 284-8398, ch16 284-8406, ch18 284-8414				i	
	180	227-3662		S	5.99	r		LYNX (Lever Faberge)				i	
	30	007-6943		S	1.79	d		after shave	100ml		S	7.45	
	60	043-7236		S	1.49	i		dimension 283-2244					
	90	234-5809		S	3.69	d		body spray					
cod liver oil liquid & evening primrose oil	120	043-7244		S	1.99	i		aerosol	150ml		S	2.49	
	180	234-5791		S	2.89	i		dimension 283-2251					
	30	284-8992		S	2.99	i		deodorant stick	50ml		S	2.29	
devil's claw capsules	90	036-3515		S	4.99	a		dimension 283-2285					
evening primrose oil capsules	90	036-3515		S	4.99	a		roll-on	50ml		S	1.99	
500mg	30	005-8339		S	1.49	r		dimension 283-2269					
1000mg	90	026-2337		S	2.99	r		shower gel	250ml		S	2.19	
	180	046-5450		S	4.99	i		dimension 283-2277					
	30	046-1368		S	2.99	r		LYOFOAM (SSL International)					
	90	046-5468		S	5.99	r		sterile wound dressings					
follic acid capsules	180	210-3059		S	8.99	i		25cm x 10cm x 35	P60 004-0600	167.80	S	295.75	
	90	242-2616		S	1.99	r		MAYBELLINE (Laboratoires Garnier)					
	30	030-5946		S	1.49	d		eye make-up					
	60	284-8844		S	1.29	i		eye liner					
	90	030-6605		S	2.99	d		liner express		11.67(3)	S	...	
garlic pearls	90	242-2616		S	1.99	r		berge 252-3868, blue 252-3850, burgundy brown 252-3876, shimmer grey 252-3884					
one-a-day odourless	30	030-5946		S	1.49	d		eyeshadow		7.42(3)	S	...	
glucosamine sulphate capsules	60	284-8844		S	1.29	i		natural accents					
	90	030-6605		S	2.99	d		cool mint 252-5467, crimson dust 252-5392, electric penny 252-5376, goldlights 252-5459, grey cone 252-5483, khaki 264-7303, lake lilac 252-5426, pink cliffon 252-5434, rogue vogue 252-5442, rose quartz 252-5384, shrimp 252-5418					
	120	284-8869		S	1.99	i		mascara					
	30	265-3038		S	4.99	r		great lash		13.99(6)	S	...	
magnesium capsules	60	242-2657		S	2.49	r		brownish black 252-3736, loyal blue 252-3751, soft black 252-3769					
150mg	60	242-2657		S	2.49	r		great lash waterproof		13.99(6)	S	...	
st john's wort	30	250-1088		S	3.89	a		black 261-2372, brown 261-2380					
300mg	30	250-1088		S	3.89	a		lash discovery		29.71(6)	S	...	
super soya lecithin capsules	90	046-3257		S	4.99	d		black 282-0512					
1200mg	90	046-3257		S	4.99	d		volum' express					
vitamins	30	234-5718		S	1.49	r		standard		19.08(6)	S	...	
B complex tablets	30	234-5718		S	1.49	r		brownish grey 252-3397, dark brown 252-3389					
B super complex tablets	30	234-5700		S	1.99	r		natural brow pencil		5.28(3)	S	...	
	90	238-9765		S	4.49	d		brunette 252-3967, honey brown 252-3983					
C chewable tablets	30	218-5973		S	3.19	d		face make-up					
1000mg	60	284-8901		S	3.99	i		3 in 1 stick foundation		...	S	3.99	
multivitamins	30	218-5957		S	1.49	d		faun 266-1510, natural beige 263-7395, sand 263-7429					
tablets	60	284-8893		S	1.49	i		non stop foundation		25.46(6)	S	5.99	
multivitamins + iron tablets	30	218-5965		S	1.59	d		tau 272-8939					
	60	284-8885		S	1.49	i		lip make-up					
	180	284-9008		S	2.99	i		lip liner		7.41(3)	S	...	
wild sea kelp tablets	250	035-3391		S	2.99 SL	a		lip express					
300mg	90	242-2632		S	2.49	r		pure blue 270-9129					
zinc tablets	90	242-2632		S	2.49	r		lipstick					
15mg	90	242-2632		S	2.49	r		hydra stay	268-9347	8.48(3)	S	...	
IMPULSE (Lever Faberge)								moisture whip		8.48(3)	S	...	
body spray	aerosol 75ml		S	2.29	r			amethyste 279-7801, autumn rose 260-3181, burgundy 260-3082, caramel cream 268-8877, cherry brown 260-3116, coffee bean 260-3231, creamy cassia 260-3058, fuchsia 268-8810, golden scuma 260-3207, icy beige 260-3140, madder red 268-8828, metallic brown 268-8851, pink peyle 260-3173, real raisin 260-3090, red passion 268-8836, sweet nectarine 268-8844					
moongrass 283-2236								watershine		11.66(3)	S	...	
JEYES (Jeyes)								cranberry sherbert 278-1201					
(distributors Chemist Brokers)								nail care					
Effective January 01								express finish		8.48(4)	S	...	
fragrant mist	11.61(12)	S	1.99	*				aqua 268-8984, barely pink 252-5244, cafe au lait 252-5285, frosted copper 268-8935, golden chocolate 268-8927, happy orange 268-8950, just pink 268-8976, marble 252-5277, pearly pink 268-8968, pure gold 268-8885, red alert 252-5038, red berries 268-8901, safari green 268-8919, truly mauve 252-5194, two tinner 252-4999, white silk 252-5053, wild violet 252-5111					
calm 284-0650, energy 284-0643								Ultra Lasting		8.48(3)	S	...	
KAZ (BeWell)	2	284-7945		S	4.99	*		angelic white 268-8711, baby doll 268-8703, crystal clear 268-8679, deep red 268-8737, frosted rose 268-8687, hot pink 268-8752, lilac pear 270-9145, porcelain 268-8661, rich ruby 268-8745, silver beige 268-8802, touch of taupe 268-8786, brown berry 268-8729, creamy cocoa 268-8778, passionate red 283-8266					
instant ice vaporizer	76X	043-9786		S	24.99	i		OMRON (Omron Healthcare UK)					
hot steam								blood pressure monitors					
KIRA (Lichtwer Pharma)								wrist	RX2 284-7861	38.27	S	59.95	
(distributors Chemist Brokers)								ORGANICS (Lever Faberge)					
Effective January 01								Color Activ					
agnus castus	30	284-6566	27.20(6)	S	7.99	*		shampoo	200ml	283-2384	...	S	2.49
L'OREAL (L'Oréal)								conditioner	200ml	...	S	2.19	
Kids								hydra purity 283-2400					
shampoo	250ml		S	2.49	i			shampoo	200ml	...	S	2.19	
strawberry smoothie 284-8083								hydra purity 283-2392					
Recital								Vital Anti-Age conditioner	200ml	283-2582	...	S	2.49
Les Blondissimes								Vital Anti-Age shampoo	200ml	...	S	2.49	
lightest ash blonde 051-0453, lightest golden blonde 051-0461, lightest natural blonde 051-0446								body & thickness 283-2418, strength & softness 283-2434					
LIPITOR (Parke Davis)								PONSTAN (Chemidex Pharma)					
(distributors Pfizer)								(distributors Farillon)					
Effective January 01								capsules					
tablets								250mg	100 022-4162	8.17	S	...	POM c
10mg	28	238-4253	18.03	S	...	POM	r	PONSTAN FORTE (Chemidex Pharma)					
20mg	28	238-4279	29.69	S	...	POM	r	(distributors Farillon)					
40mg	28	238-4287	29.69	S	...	POM	r	tablets					
80mg	28	271-3550	29.69	S	...	POM	r	500mg	100 047-0922	15.72	S	...	POM c
LOFRIC (Astra Tech)								QUEST (Quest Vitamins)					
cath-kit								synergistic minerals					
nelaton catheter with								energy nutrient complex					
integral drainage bag	paediatric	37.50(25)	S	...	*			tablets	60 284-8760	...	S	15.99	*
ch06 284-8166, ch08 284-8174, ch10 284-8182								QX PRESTIGE SMART SYSTEM (DiagnoSys Medical)					
male		37.50(25)	S	...	i			Effective January 01					
ch08 284-8190, ch10 284-8208, ch12 284-8216, ch14 284-8224, ch16 284-8232, ch18 284-8240								blood glucose monitoring system	284-8547	9.38	S	12.50	*
female		37.50(25)	S	...	i			ROACCUTANE (Roche)					
ch08 284-8257, ch10 284-8265, ch12 284-8273, ch14 284-8281, ch16 284-8299, ch18 284-8307								capsules					
tiemann catheter with								20mg	56 209-7103	50.21	S	...	POMHP d
integral drainage bag		37.50(25)	S	...	*			60 284-9024	53.80	S	...	POMHP *	
ch10 284-8315, ch12 284-8331, ch14 284-8349, ch16 284-8356, ch18 284-8364								SECADREX (Aventis Pharma)					
hydro-kit								tablets calendar pack	28 035-1981	189.10(10)	S	...	POM c
nelaton catheter with								SECTRAL (Aventis Pharma)					
integral drainage bag	male	33.60(20)	S	...	*			capsules					
ch08 284-8422, ch10 284-8430, ch12 284-8448, ch14 284-8455, ch16 284-8463, ch18 284-8471								100mg	84 041-5208	161.00(10)	S	...	POM c
female		33.60(20)	S	...	*			200mg	56 048-7017	206.30(10)	S	...	POM c
ch08 284-8489, ch10 284-8497, ch12 284-8505, ch14 284-8513, ch16 284-8539, ch18 284-8521								tablets					
paediatric		33.60(20)	S	...	*			400mg	28 038-6045	200.20(10)	S	...	POM c
ch06 284-8554, ch08 284-8562, ch10 284-8570													
tiemann catheter with													
integral drainage bag		33.60(20)	S	...	*								

Chemist+Druggist 22/29 December 2001 **33**

		PIP code	Trade	VAT	Retail				PIP code	Trade	VAT	Retail	
Pulsatilla							Lapis/Cancr/Silica	100	207-1918	4.11	S	6.90	a
6	125	041-9457	1.88	S	3.80	a	Laxadoron	100	028-7656	2.95	S	4.95	a
30	125	028-9298	2.22	S	4.50	a	Nausyn	100	207-1967	3.28	S	5.50 POM	a
Rhus Tox							pharmacy only medicines						
6	125	041-9531	1.88	S	3.80	a	Aconite/Bryonia	25ml	207-1587	4.11	S	6.90 P	a
30	125	028-9645	2.22	S	4.50	a	compounds						
Ruta Grav							Bolus Eucalypti	50g	207-1520	4.11	S	6.90 P	a
6	125	042-3343	1.88	S	3.80	a	Onopordon A	25ml	207-1975	4.11	S	6.90 P	a
30	125	028-9652	2.22	S	4.50	a	Onopordon B	25ml	207-1983	4.11	S	6.90 P	a
Sepia							Cough drops	25ml	029-0163	2.86	S	4.80 P	a
6	125	006-0574	1.88	S	3.80	a	creams						
30	125	028-9769	2.22	S	4.50	a	Catarrh	25g	029-0148	2.32	S	3.90 P	a
Silicea							frost	25g	029-0379	2.32	S	3.90 P	a
6	125	042-3350	1.88	S	3.80	a	drops						
30	125	028-9777	2.22	S	4.50	a	Choleodoron	25ml	207-1561	4.11	S	6.90 P	a
Sulphur							Cratageus Co	25ml	207-1595	3.99	S	6.70 P	d
6	125	042-3376	1.88	S	3.80	a	Digestodoron	25ml	207-1603	2.86	S	4.80 P	a
30	125	028-9785	2.22	S	4.50	a	Erysidoron 1	25ml	207-1629	2.86	S	4.80 P	a
Symphytum							Fragaria/Urtica	25ml	207-1645	4.11	S	6.90 P	a
6	125	003-3621	1.88	S	3.80	a	Mandragora Co	25ml	207-1926	3.99	S	6.70 P	d
30	125	276-4215	2.22	S	4.50	a	Menodoron	25ml	207-1942	2.86	S	4.80 P	a
Thuja							Pertudoron 2	25ml	207-2007	4.11	S	6.90 P	a
6	125	006-0699	1.88	S	3.80	a	Rheumadoron 1	25ml	207-2031	2.86	S	4.80 P	a
30	125	028-9819	2.22	S	4.50	a	Rheumadoron 102A	25ml	013-9444	2.86	S	4.80 P	a
Urtica Urens							Rheumadoron 2	25ml	207-2049	4.11	S	6.90 P	a
6	125	040-9615	1.88	S	3.80	a	Dulcamara/Lysamachia	25ml	207-1611	2.86	S	4.80 P	a
30	125	276-4231	2.22	S	4.50	a	dusting powder						
natural medicines							W.C.S.	50g	019-0140	2.86	S	4.80 P	a
arnica massage balm	50ml	020-0287	2.50	S	4.20	a	ointments						
	100ml	028-2319	4.14	S	6.95	a	Antimony	25g	028-9892	2.32	S	3.90 P	a
compounds							Balsamicum	25g	028-9934	2.32	S	3.90 P	a
Avena Sativa	25ml	028-7045	2.86	S	4.80 GSL	a	Dermatodoron	25g	012-7381	2.32	S	3.90 P	a
Melissa	25ml	027-8556	2.86	S	4.80 GSL	a	Gencydo	25g	029-0452	2.32	S	3.90 P	a
Conchae 5% Comp tablets	100	028-7458	2.95	S	4.95	a	Rheumadoron	25g	015-9533	2.32	S	3.90 P	a
drops							Oleum Rhinale	15ml	028-7664	2.86	S	4.80 P	a
Chamomilla 3X	25ml	001-1015	2.86	S	4.80 GSL	a	tablets						
Feverfew 6X	25ml	017-4060	2.86	S	4.80 GSL	r	Apatite 6X Comp	100	028-6591	2.95	S	4.95 P	a
Infludo	25ml	207-1900	4.11	S	6.90 POM	a	Cinnabar 20X/Pyrites 3X	100	027-6675	2.95	S	4.95 P	a
Pertudoron 1	25ml	207-1991	4.11	S	6.90 POM	a	Digestodoron	100	029-0312	2.95	S	4.95 P	a
Erysidoron 2 tablets	100	029-0338	2.95	S	4.95	a	Ferrum Siderum 6X	100	028-7482	2.95	S	4.95 P	a
lotions							Pyrites 3X	100	207-2023	3.28	S	5.50 P	a
Arnica	50ml	028-6997	2.86	S	4.80	a	Scleron	100	207-2056	4.11	S	6.90 P	a
	500ml	207-1512	13.70	S	23.00	a	Vitis Co	100	207-2064	4.11	S	6.90 P	a
Calendula	50ml	028-7227	2.86	S	4.80	a	skin care						
Combudoron	50ml	028-7292	2.86	S	4.80	a	almond range						
Larch Resin	50ml	028-7557	2.86	S	4.80	a	cleansing lotion	75ml	260-4635	2.30	S	3.75	a
medicinal gargle	50ml	207-1934	2.86	S	4.80	a	facial masque	3x10ml	260-4643	3.64	S	5.95	a
Mercurius Cyanat 4X drops	25ml	207-1959	4.11	S	6.90 POM	a	facial oil	50ml	205-1449	3.64	S	5.95	a
ointments							moisturising cream	30ml	205-1456	3.64	S	5.95	a
Arnica	25g	029-7911	2.32	S	3.90	a	trns range						
Calendolon	25g	006-0210	2.32	S	3.90	a	cleansing lotion	100ml	260-4593	2.82	S	4.60	a
Combudoron	25g	028-7342	2.32	S	3.90	a	day cream	30ml	260-4601	3.44	S	5.60	a
Copper	25g	027-6709	2.32	S	3.90	a	facial masque	30ml	260-4619	2.82	S	4.60	a
Hypericum/Calendula	25g	017-4243	2.32	S	3.90	a	facial toner	100ml	238-6167	2.82	S	4.60	a
Larch Resin	25g	028-7623	2.32	S	3.90	a	intensive treatment						
Rhus Tox	25g	017-4318	2.32	S	3.90	a	masque	30ml	260-4627	3.44	S	5.60	a
Ruta	25g	018-1602	2.32	S	3.90	a	moisturising cream	30ml	003-5527	3.44	S	5.60	a
Phosphorus/Tart	25ml	207-2015	4.11	S	6.90 POM	a	night cream	30ml	003-5543	3.44	S	5.60	a
pillules							soap	100g	003-5832	2.27	S	3.70	a
Chamomilla 3X	15g	027-6584	2.65	S	4.45	a	lip balm	7ml	217-2963	2.75	S	4.50	a
Ferrum Phosphate Co	7g	207-1637	2.86	S	4.80 POM	a	specialist skin care						
spray							Aknedoron lotion	100ml	049-3767	2.20	S	3.60	a
Combudoron	30ml	070-9311	1.61	S	2.70	d	deep cleanser	100ml	022-5896	2.20	S	3.60	a
tablets							WELLAND (Chinimed)						
Arnica 6X	100	027-6519	2.95	S	4.95	a	Silhouette 2 Uro						
Bidor 1%	100	028-7052	2.95	S	4.95	a	2 piece urostomy pouch						
Bidor 5%	50	000-3178	2.21	S	3.70	a	with soft backing						
	100	027-6568	2.95	S	4.95	a	uni745 clear 284-7564, uni945 beige 284-7572	24 50(10)	S				
Carbo Betula 3X	100	207-1546	2.95	S	4.95	a	hydrocolloid flange						
Carvon	100	207-1553	2.95	S	4.95	a	45mm	UUU-413	284-7556	12.21(5)	S	—	
Cinnabar 20X	100	207-1579	2.95	S	4.95	a	WISDOM (Wisdom)						
Feverfew 6X	125	017-1579	2.95	S	4.95	a	(distributors Ceuta Healthcare)						
Fragador	100	028-7490	2.95	S	4.95	a	dental floss	75m	284-7697	6.74(12)	S	0.99	
Fragaria/Vitis	100	207-1892	3.28	S	5.50	a							

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Recruitment Booking

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Monday 12 noon from January 2002**

Dispensing with a traditional Christmas

Bryony Dean explains about the Crisis Open Christmas and describes her experiences of working as a pharmacist in the medical centre

From December 23 to 30, five shelters in central London, as well as others throughout the country, open their doors to hundreds of homeless and vulnerably-housed people who have no-one to spend Christmas with.

At the main shelter in London, a medical centre provides a walk-in service for guests. The centre also offers nursing, dentistry and chiropody services and is supported by a pharmacy.

Crisis Open Christmas

Over the last 30 years, the Open Christmas has become something of a national tradition, energising thousands of individuals and organisations from across the country.

Although the national charity Crisis works for homeless people 365 days a year, there is something special about the Open Christmas. It re-connects vulnerable people with a community represented by the other guests and the 2,500 volunteers who give up their Christmas each year to make the Open Christmas possible.

Christmas is an important time of year for most people and Crisis aims to help homeless and vulnerable people experience things many others take for granted: a traditional Christmas lunch, carols, games, entertainment and the Queen's speech.

As well as a roof and food, the

main London shelter provides many things that are important to people's self esteem, including companionship, entertainment, the opportunity to try arts and crafts, and the chance to obtain a haircut.

Advice is also available on housing, alcohol, drug and mental health problems.

The Samaritans are available to offer support around the clock: a survey last year revealed that one guest in six felt suicidal before arriving at the shelter. In addition to the main shelter, there are separate shelters for women, the vulnerable and those with an alcohol problem. There is also a day centre. The shelters are created in buildings such as warehouses, halls and disused public buildings donated to Crisis for the Christmas period.

Medical centre

Homeless people can find it almost impossible to find a doctor, yet they are highly likely to experience ill health.

Each year, hundreds of people use the medical centre. Potentially

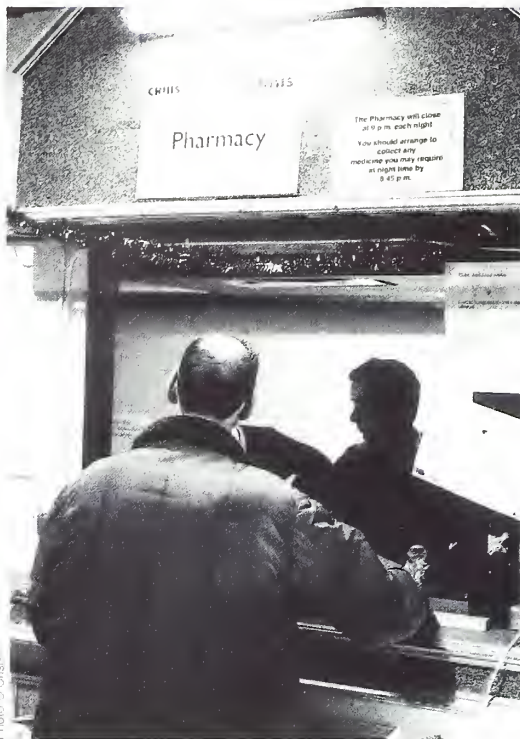


Photo: © Crisis

dangerous and debilitating illnesses like scabies and tuberculosis are often identified, enabling guests to get vital treatment. Homeless people also frequently need help for skin and feet conditions.

However, the aim is not just to treat people during the week that they are at the shelter but to encourage and facilitate their ongoing access to medical services throughout the year.

The medical centre is run as a "dispensing doctors' practice. Until several years ago, medical or nursing staff dispensed guests' medication. Now there is a team of pharmacist volunteers providing a dispensing and advice service.

Working as a pharmacist

In my experience, working as a pharmacist at the medical centre is enjoyable, rewarding and challenging. The sense of teamwork among medical centre volunteers makes it particularly enjoyable. We use a relatively limited formulary of drugs: antibiotics, analgesics, cough and cold remedies and preparations for a range of skin conditions.

The doctors, who come from a wide range of backgrounds, work closely with the pharmacists, often popping in to ask our advice on what to prescribe or what we have

to treat specific conditions. It is rewarding to feel that we are able to make a real difference to the health of the guests we see, and to know that the pharmacy service is appreciated by the guests and other healthcare professionals.

It is also challenging, as the patient group is very different to those that we generally see in hospital and community pharmacies. Running a professional pharmacy service in an unusual environment also provides its own challenges. The medical centre is usually constructed at short notice in whichever building is used for the main shelter. There is no computer system, neither are there facilities for extemporaneous dispensing. Stock levels are monitored manually and labels produced by hand.

Obtaining further supplies of drugs can be difficult over the Christmas period. It took two years for me to adjust to being called on my mobile while eating Christmas dinner to be asked to obtain a supply of salbutamol inhalers.

Each summer, a list of the drugs required by the shelter is drawn up by one of the pharmacists. Crisis staff write to suppliers to try and get as many as possible donated. Those that have not been donated by the beginning of December are purchased using monies raised by Crisis.

I would definitely recommend working as a pharmacist for Crisis Open Christmas. As a way of using our pharmaceutical skills and knowledge in a slightly unusual environment and experiencing a real sense of teamwork and job satisfaction, it really can't be beaten!

Helping Crisis

Anyone who has a day or two to spare between December 23 and 30 and wants to volunteer for Crisis, either as a general volunteer or as a pharmacist, should contact Crisis on telephone 0870 0113335 or email: volunteering@crisis.org.uk.

Alternatively, an application form can be downloaded from the website at www.crisis.org.uk/loc. Donations can be made on the donation hotline: 0800 038 48 38.

"It took two years for me to adjust to being called on my mobile while eating Christmas dinner to be asked to obtain a supply of salbutamol inhalers"



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ESSENTIAL INFORMATION

Active Ingredients: Each sachet contains 3.5g ispaghula husk BP. It also contains aspartame.

Indications: Conditions requiring a high-fibre regimen, e.g. relief of constipation, including constipation in pregnancy and the maintenance of regularity; for the management of bowel function in patients with colostomy, ileostomy, haemorrhoids, anal fissure, chronic diarrhoea associated with diverticular disease, irritable bowel syndrome and ulcerative colitis.

Dosage Instructions: To be taken in water. Adults and children over 12 – one sachet morning and evening. Children 6 to 12 – half to one level 5ml spoonful of the granules depending on age and size, morning and evening. Children under 6 – to be taken only on a doctor's advice.

Contra-indications: Fybogel is contra-indicated in cases of intestinal obstruction, faecal impaction and colonic atony such as senile mega-colon.

Precautions and Warnings: Fybogel contains aspartame and should not be given to patients with phenylketonuria. Fybogel should not be taken in the dry form.

Side Effects: A small amount of bloating and flatulence may sometimes be experienced during the first few days of treatment, but should diminish on continued use.

Recommended Sale Price: Ten sachets £1.86 exc. VAT.

Marketing Authorisation: Fybogel (0063/0023), Fybogel Orange (0063/0026), Fybogel Lemon (0063/0024).

Supply Classification: Through registered pharmacies only.

Holder of Marketing Authorisation: Reckitt Benckiser Healthcare (UK) Limited, Dansom Lane, Hull, HU8 7DS. **Date of Preparation:** November 2001. Code No: F64/01. Fybogel, Fybogel Orange, Fybogel Lemon, the Fybogel logo, and the sword and circle symbol are trademarks.

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